

Sample Bank



SEQUENOM
INDUSTRIAL GENOMICS

Hispanics

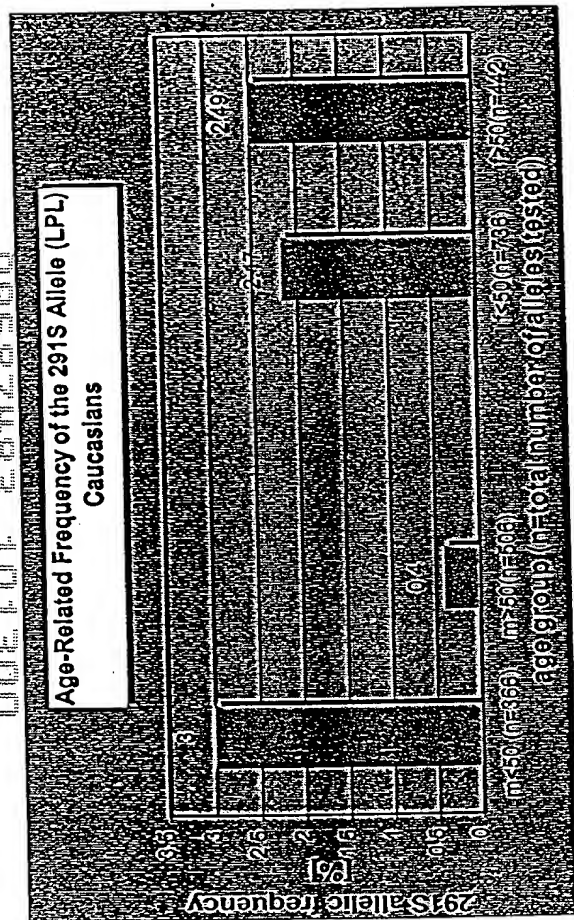
THE UNIVERSITY OF CHICAGO

Number of Samples

Age Group	Percentage
14	13
16	13
18	13
20	13
22	13
24	13
26	13
28	13
30	13
32	13
34	13
36	13
38	13
40	13
42	13
44	13
46	13
48	13
50	13
52	13
54	13
56	13
58	13
60	13
62	13
64	13
66	13
68	13
70	13
72	13
74	13
76	13
78	13
80	13
82	13
84	13

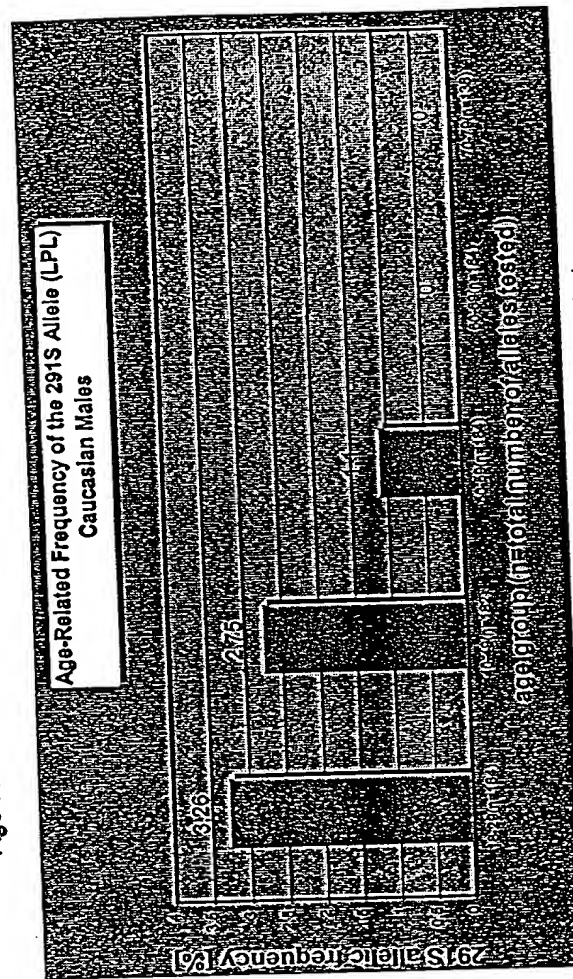
FIGURE 1

FIGURE 2A



age- and sex-distribution of the 291S allele of the lipoprotein lipase gene. A total of 436 males and 589 females were investigated.

Age-related distribution of the 291S allele of the lipoprotein lipase gene within the



male Caucasian population. A total of 436 males were tested.

FIGURE 2B

Intelligent Genomics

Questionnaire for Population-Based Sample Banking

[illegible]

FIGURE 3

Intelligent Genomics

Sample Banks

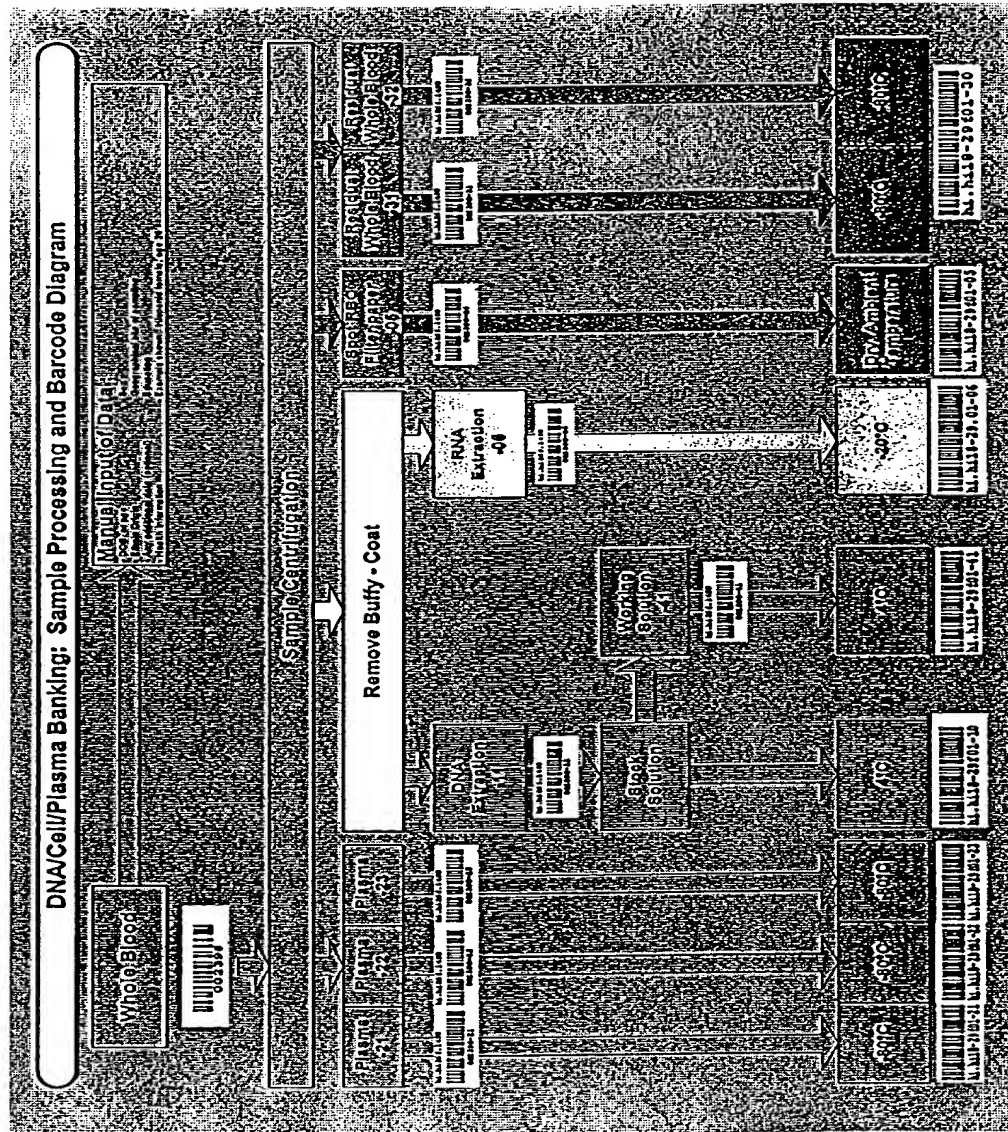


FIGURE 4

Intelligent Genomics

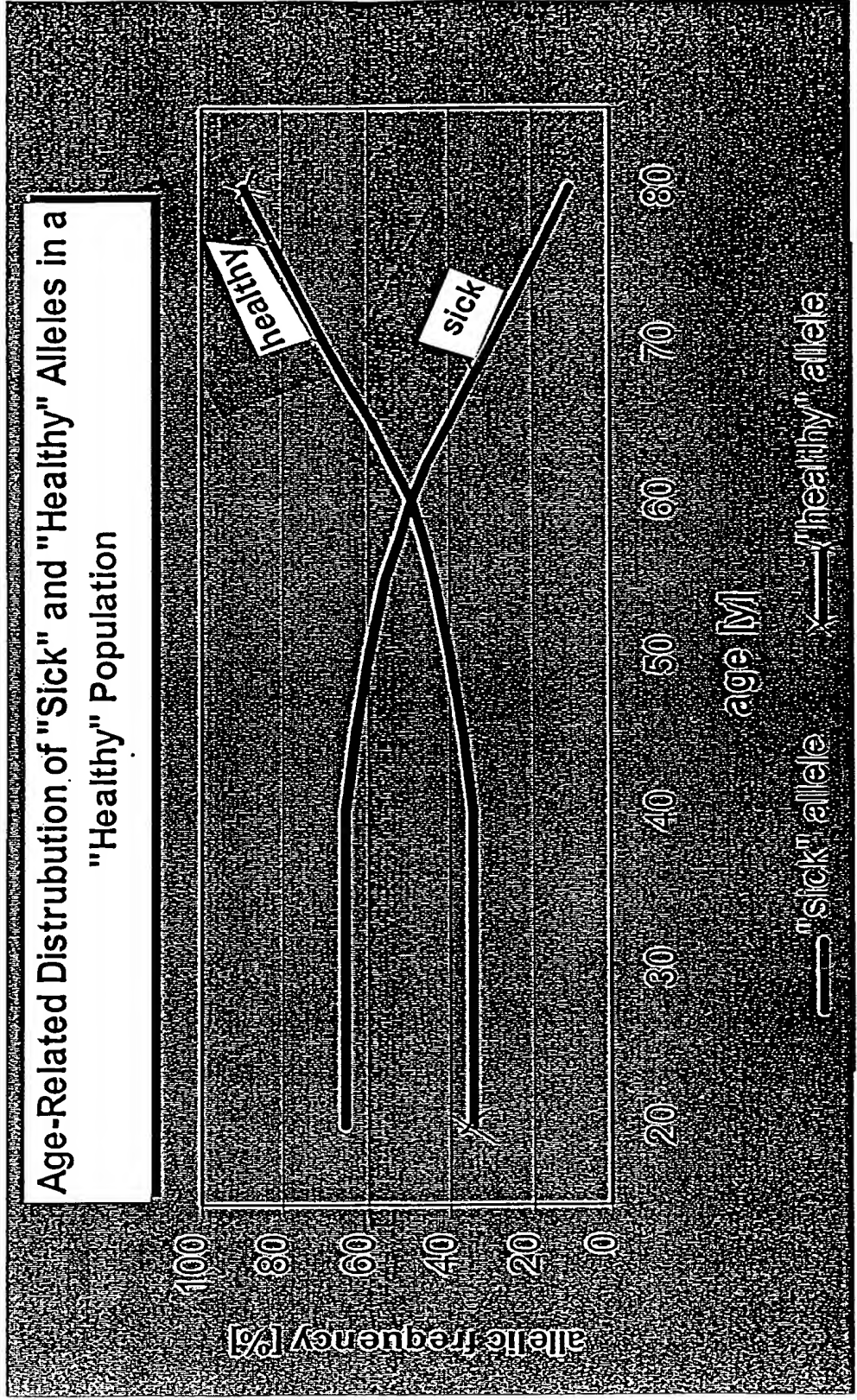


FIGURE 5

Intelligent Genomics

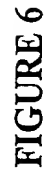
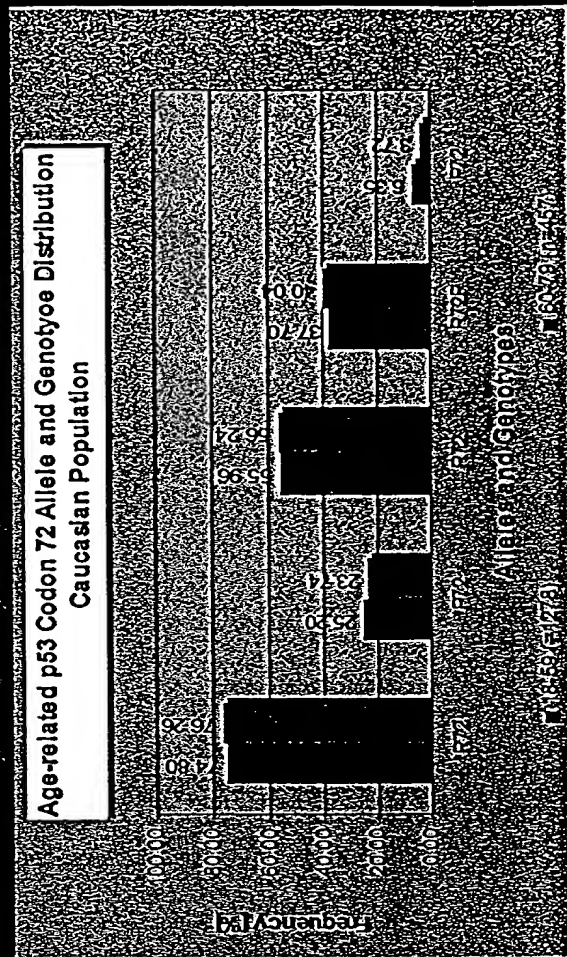
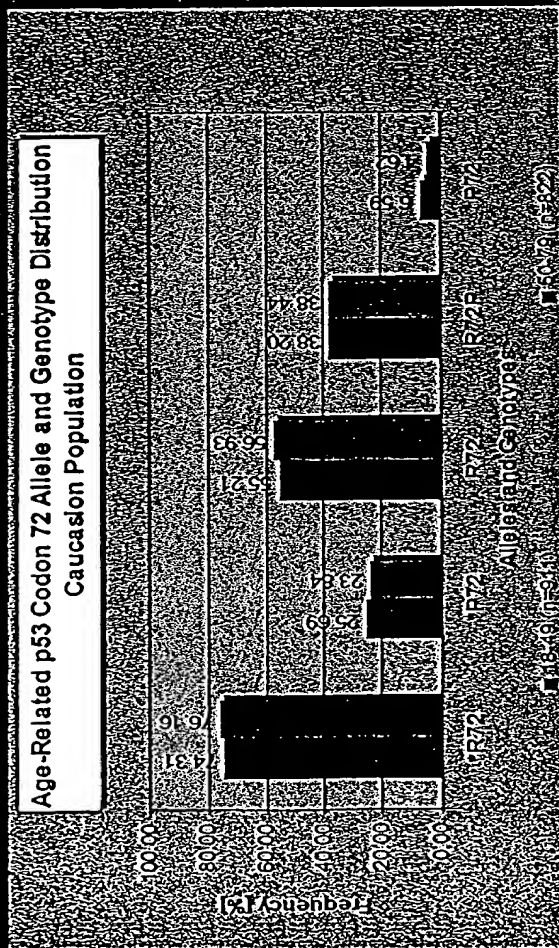


FIGURE 7A

igene



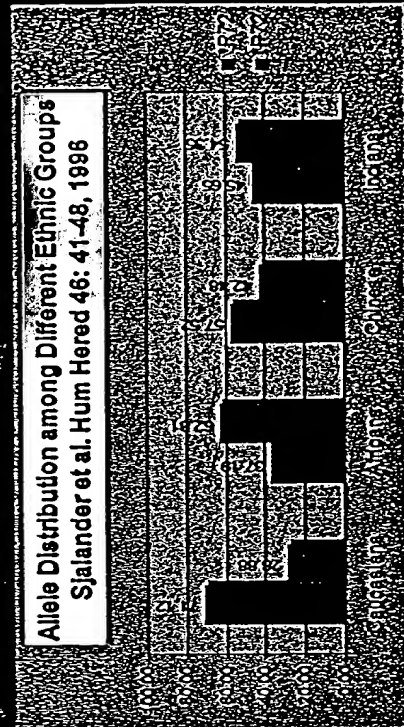
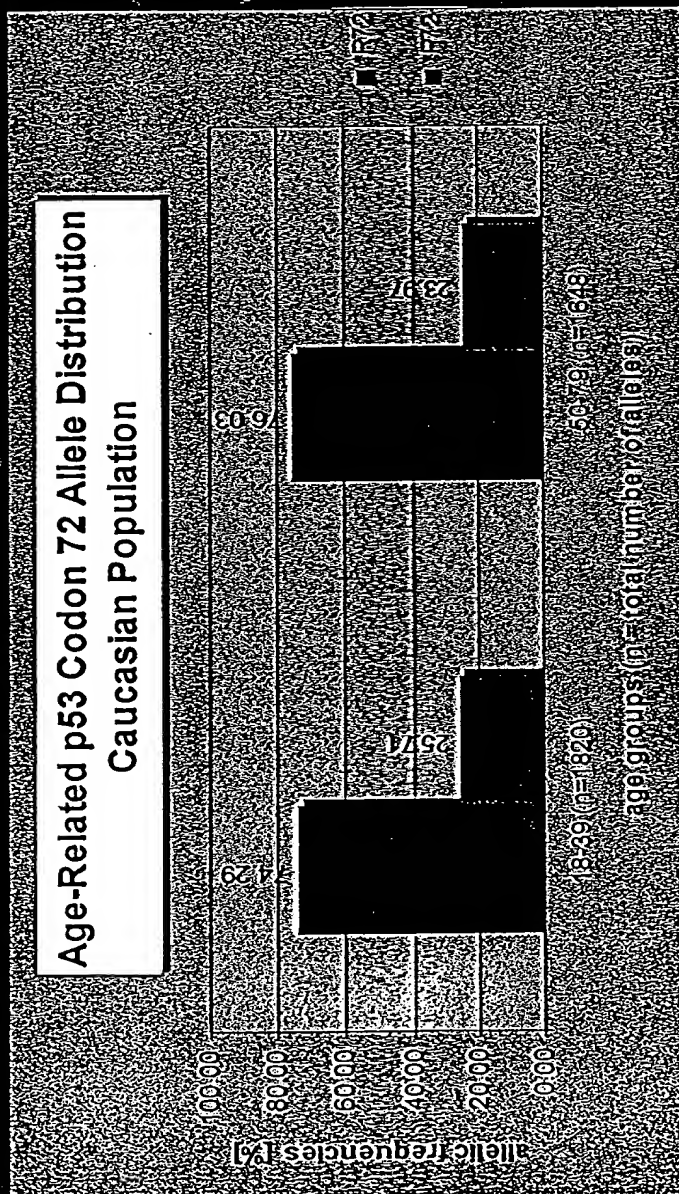


FIGURE 7B

genetics

P53 PP vs. PR/RR Genotype Distribution

By Age cut_point=59

Age Group	<u>Genotype Freq (%)</u>		
	N	PP	PR/RR
18-59	1278	6.7	93.4
60-79	457	3.7	96.3

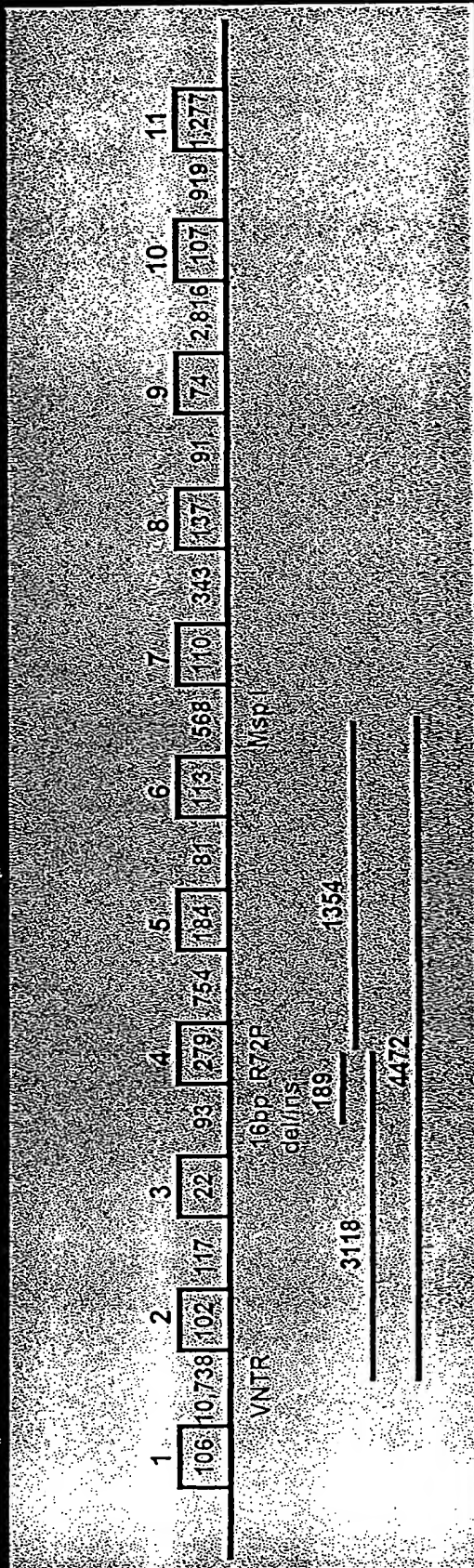
Sample Size : 1735

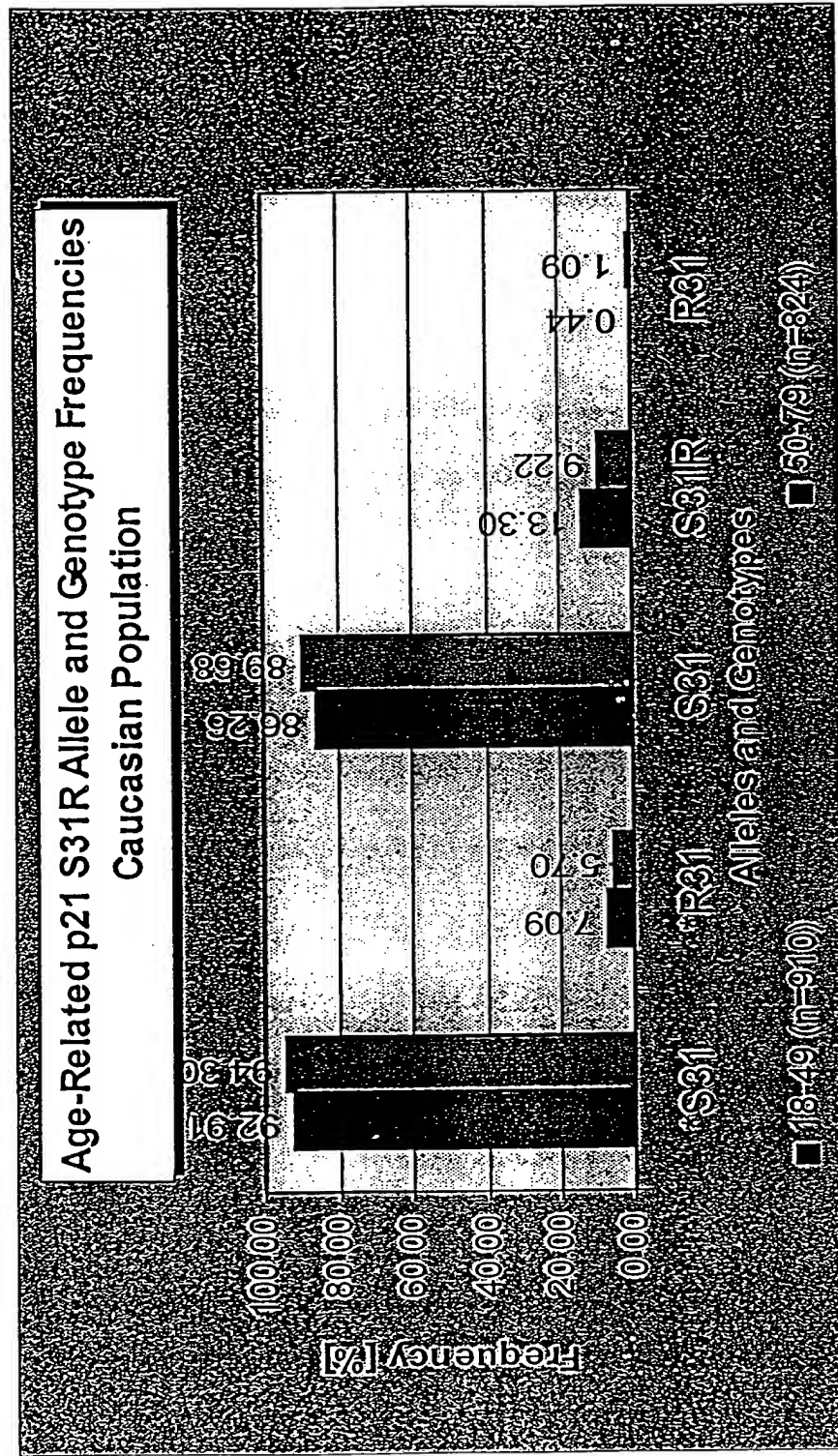
 $\chi^2: 5.2 (1 \text{ d.f.}), P = 0.02$

FIGURE 7D

igGenomics

Genomic Organization of the p53 Gene





Significance: Genotype frequency of SR heterozygous drops from 13.3% to 9.2%; $p=0.009$

FIGURE 8

DNA MassArray™

FVII R353Q



SEQUENOM
INDUSTRIAL GENOMICS

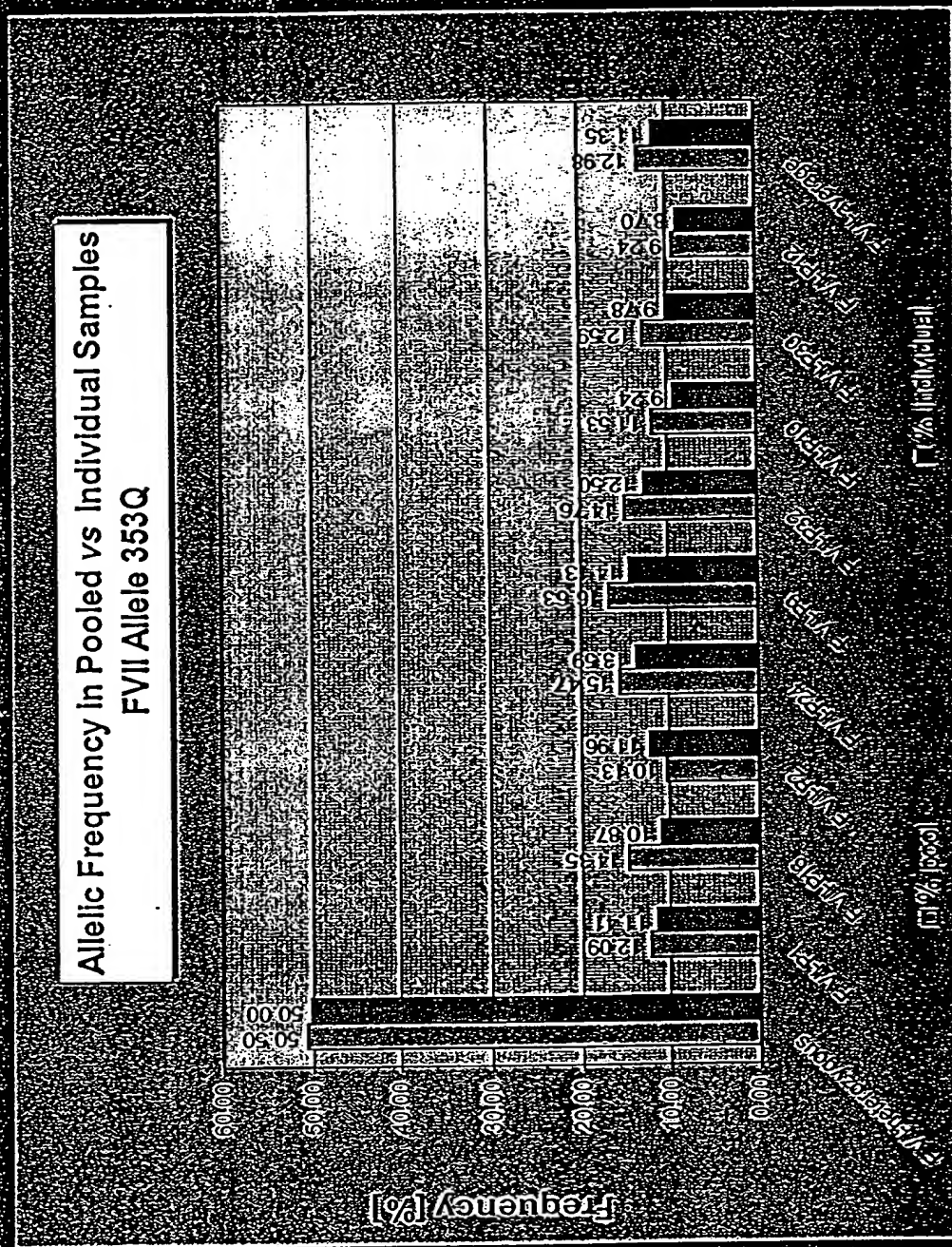
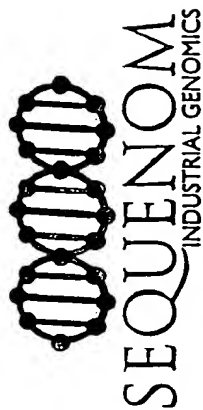


FIGURE 9

000001" E8178960

DNA MassArray™

CETP I405V



Allelic Frequency in Pooled vs Individual Samples
CETP Allele 405V

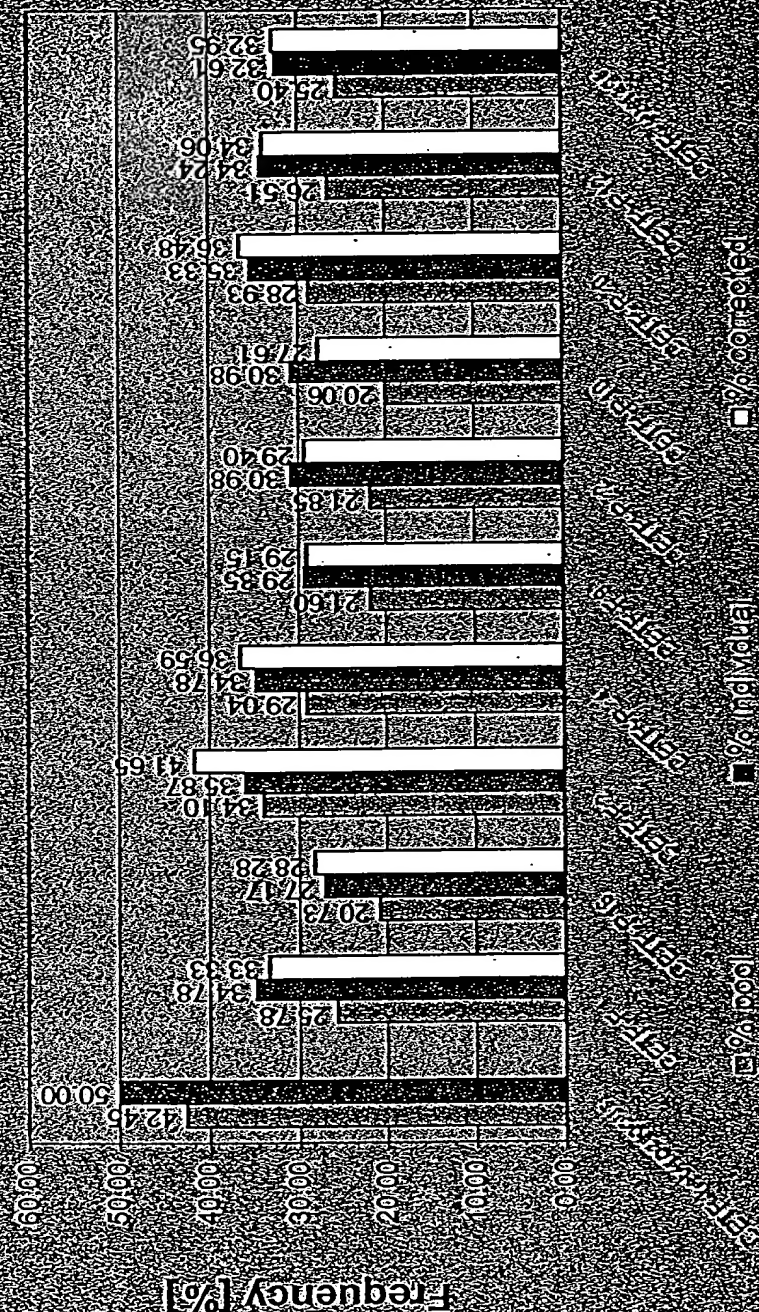
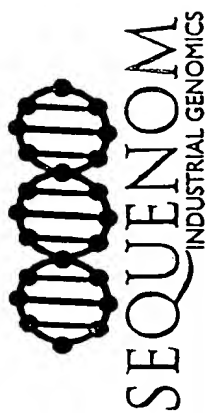


FIGURE 10

00ETOT" E8178960



DNA MassArray™

PAI-1 4G/5G

Allelic Frequency in Pooled vs Individual Samples
Allele PAI-1 5G

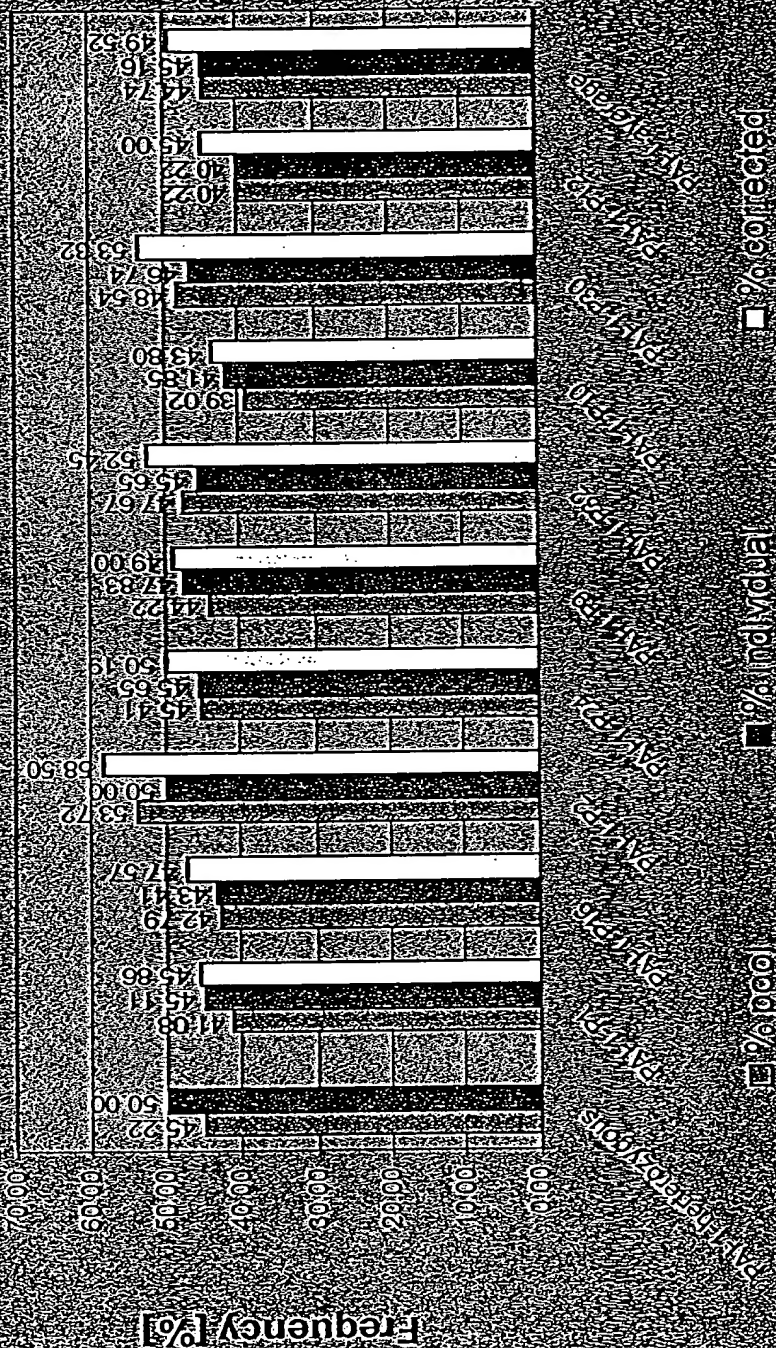
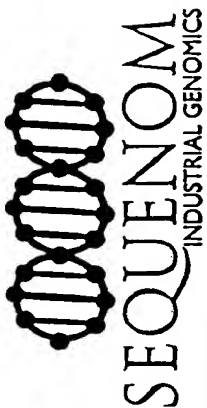


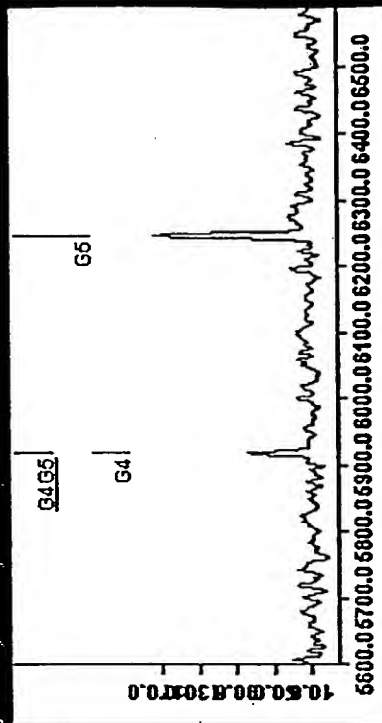
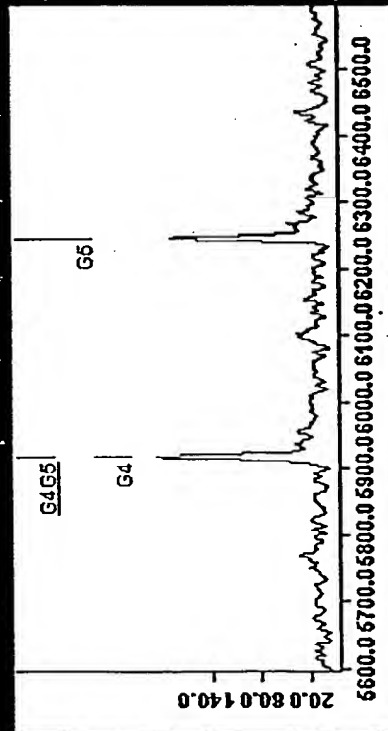
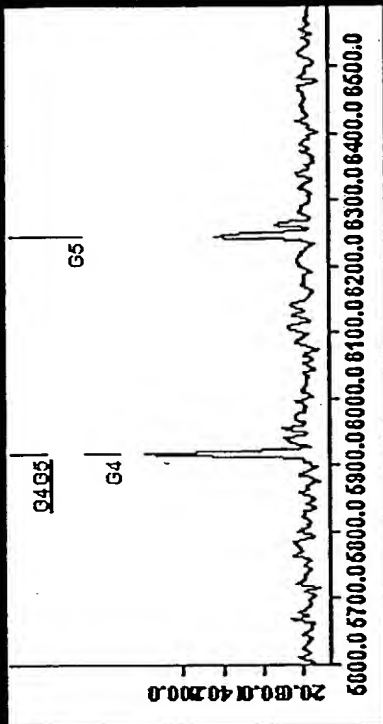
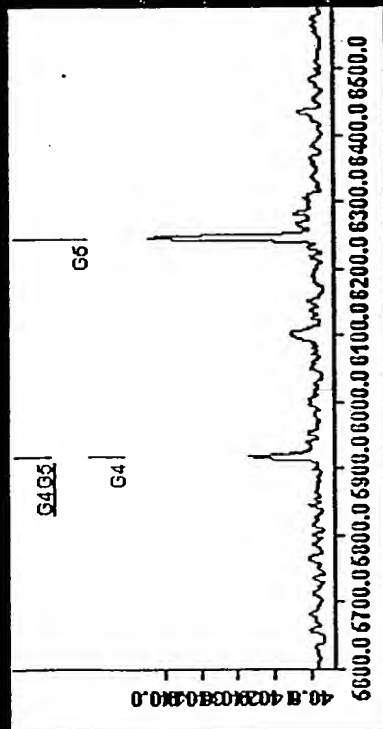
FIGURE 11

DNA MassArray™



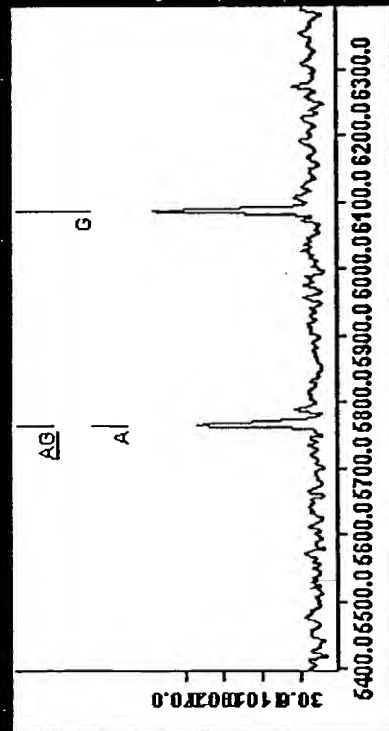
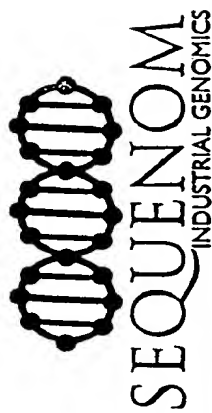
Ethnic Diversity (PAI-1)

FIGURE 12

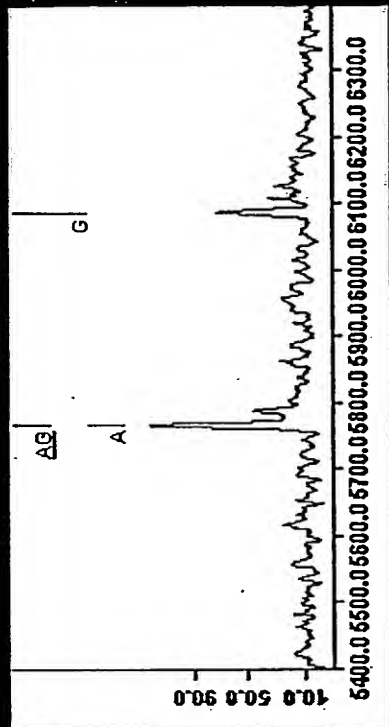


DNA MassArray™

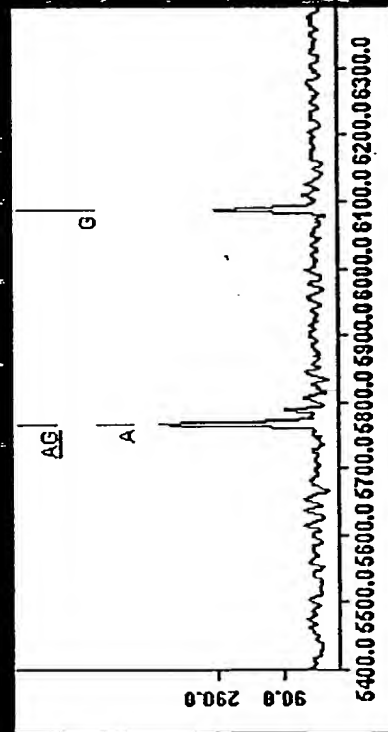
Ethnic Diversity (CETP 405)



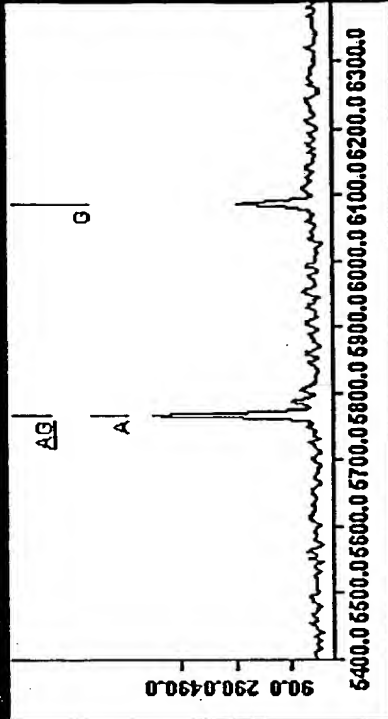
African Ile 43.6% Val 56.4%



Asian Ile 60.7% Val 39.3%



Caucasian Ile 63.0% Val 37.0%

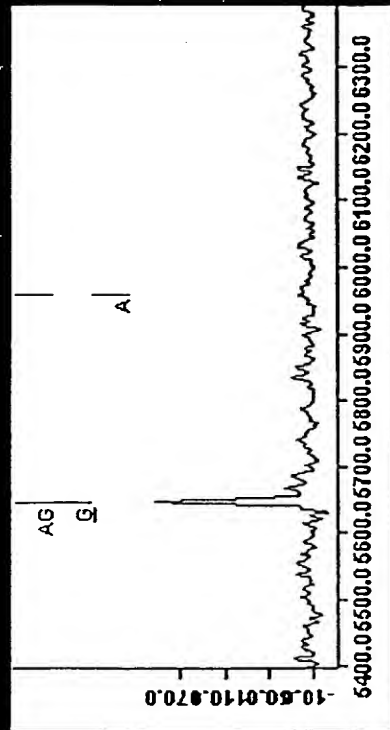
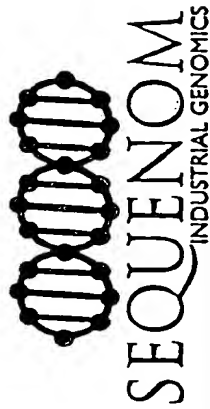


Hispanic Ile 70.1% Val 29.9%

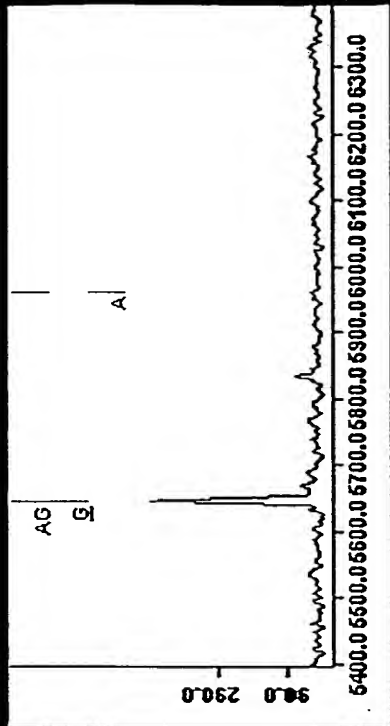
FIGURE 13

DNA MassArray™

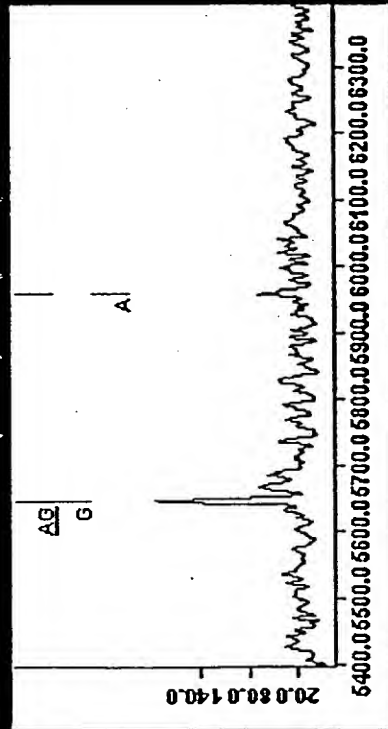
Ethnic Diversity (Factor VII 353)



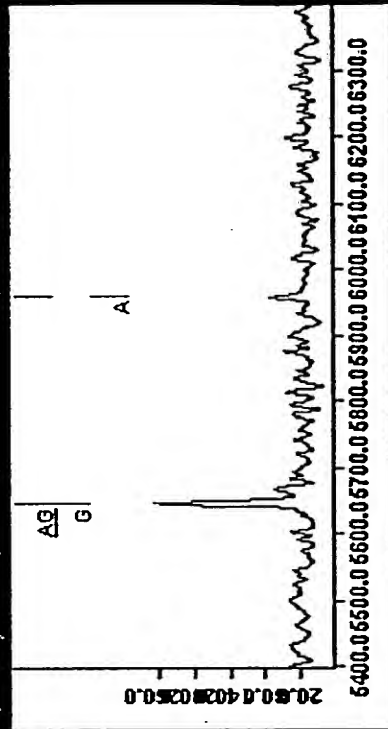
African Arg >95% Glu <5%



Asian Arg >95% Glu <5%



Caucasian **Arg 88.5%** **Glu 11.5%**



Hispanic Arg 89.2% Glu 10.8%

FIGURE 14

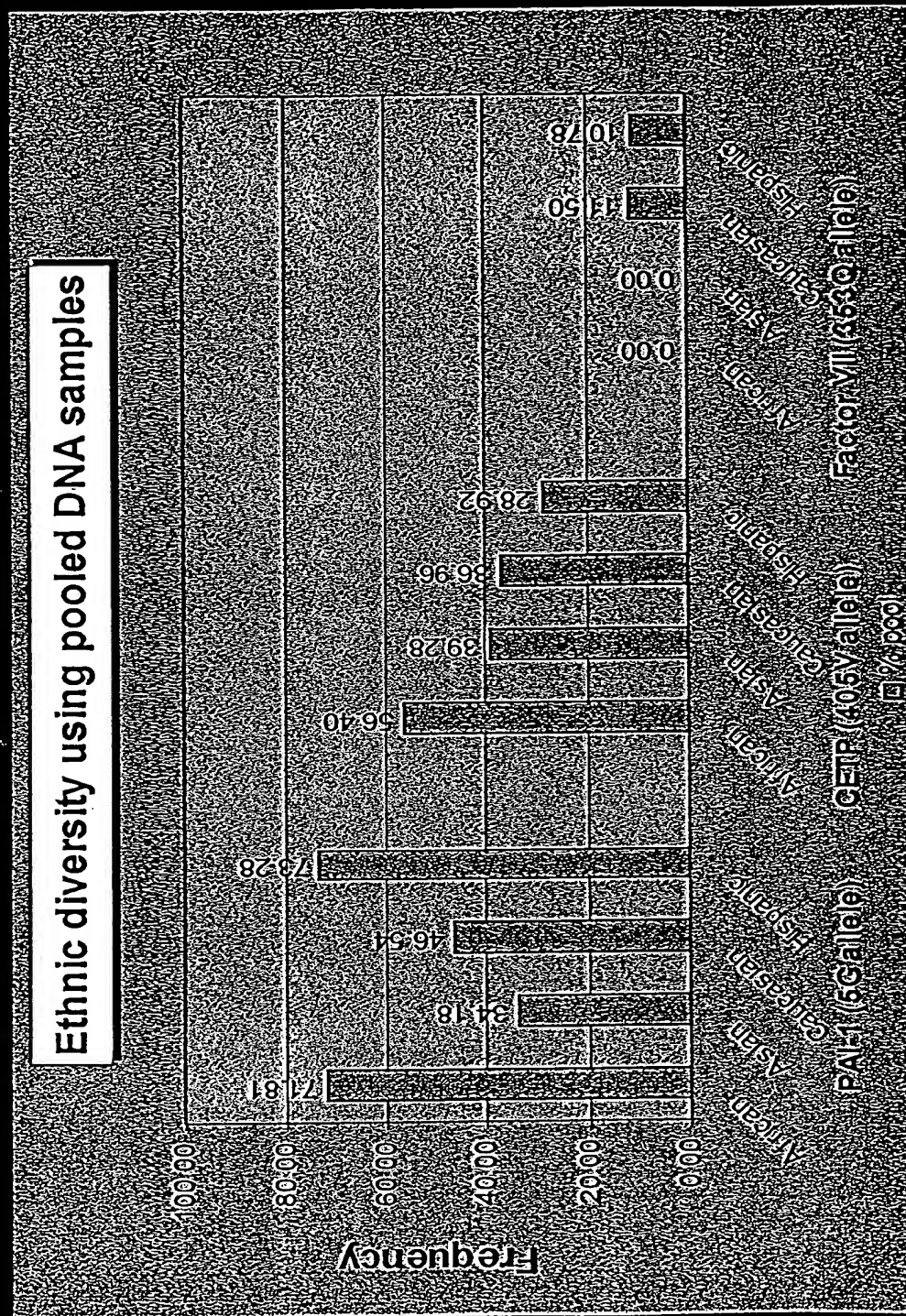
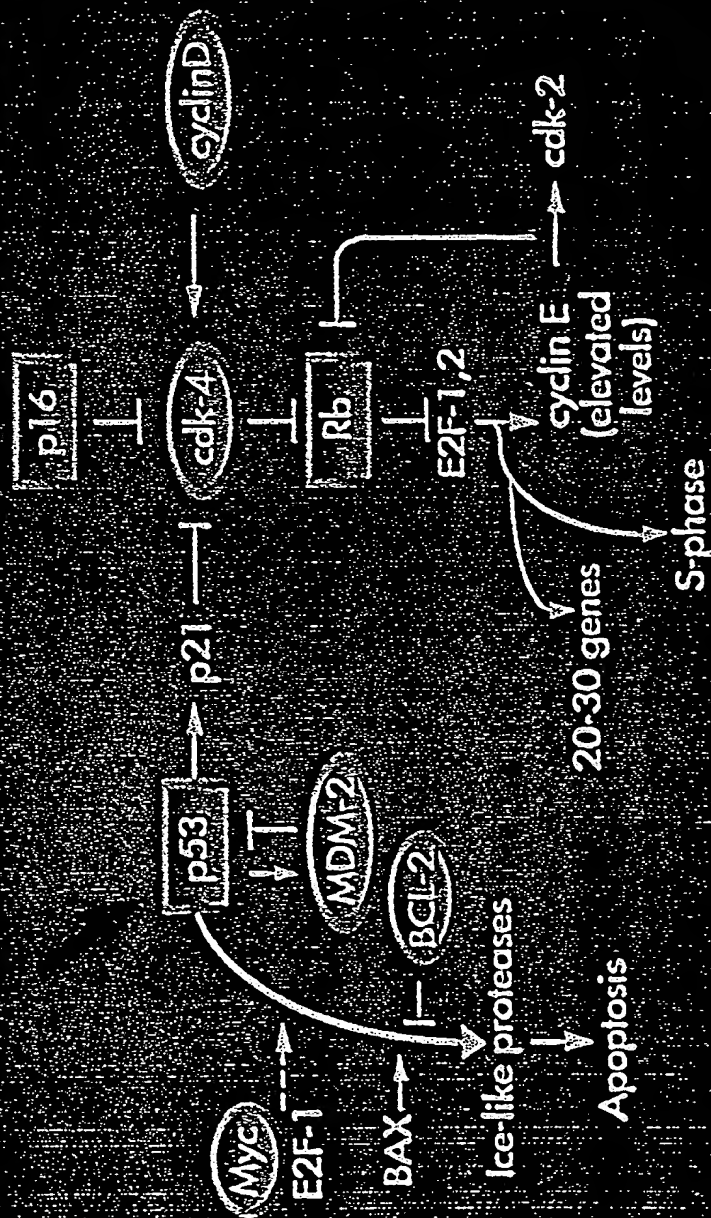


FIGURE 15

p53-Rb Pathway



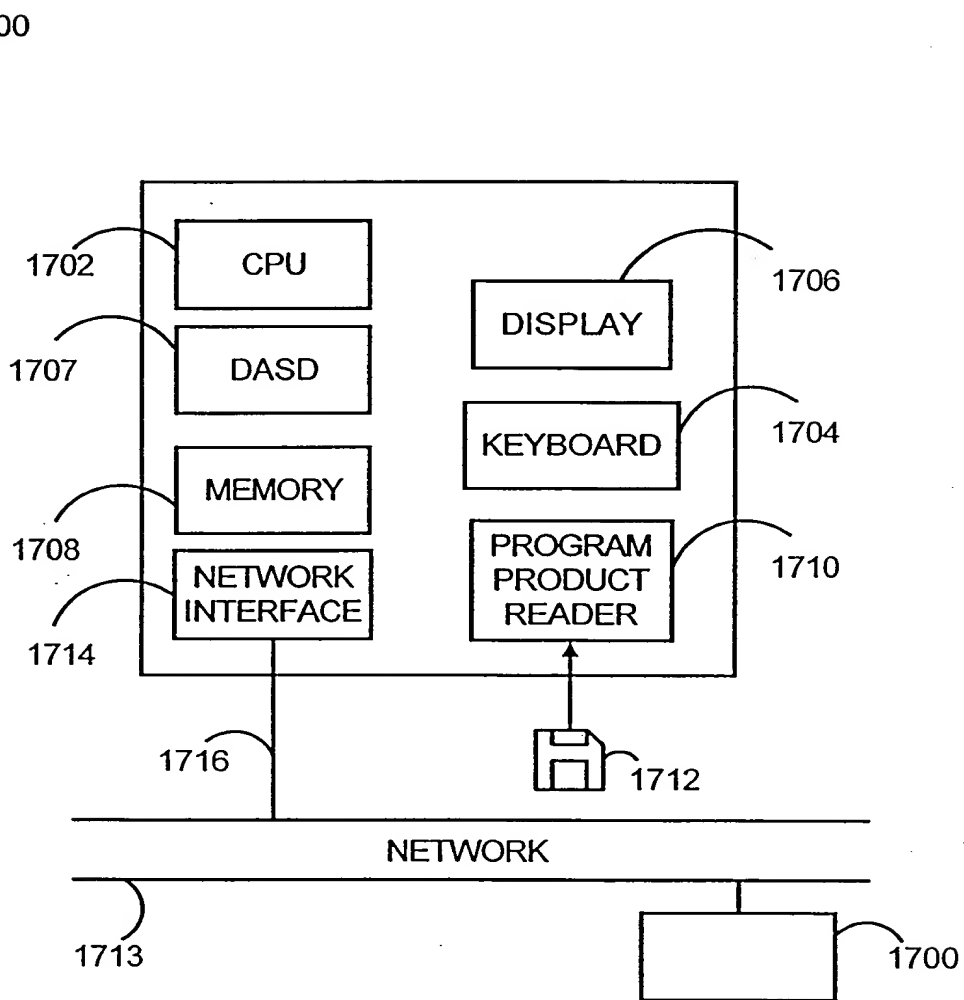


FIGURE 17

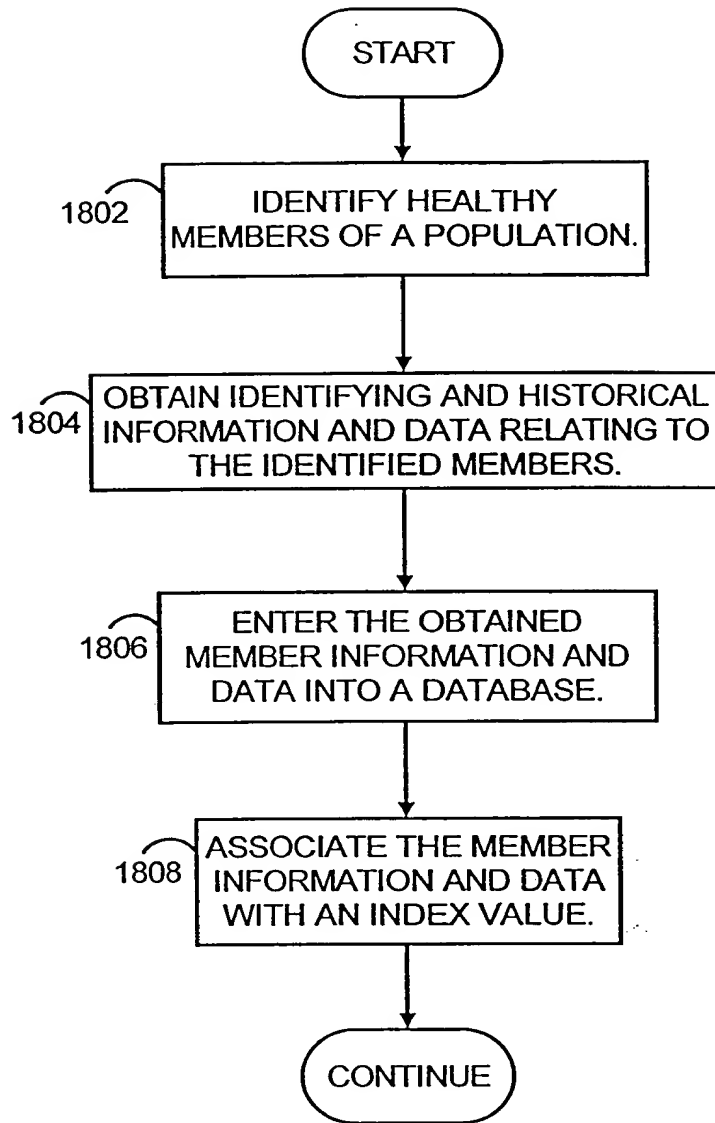


FIGURE 18

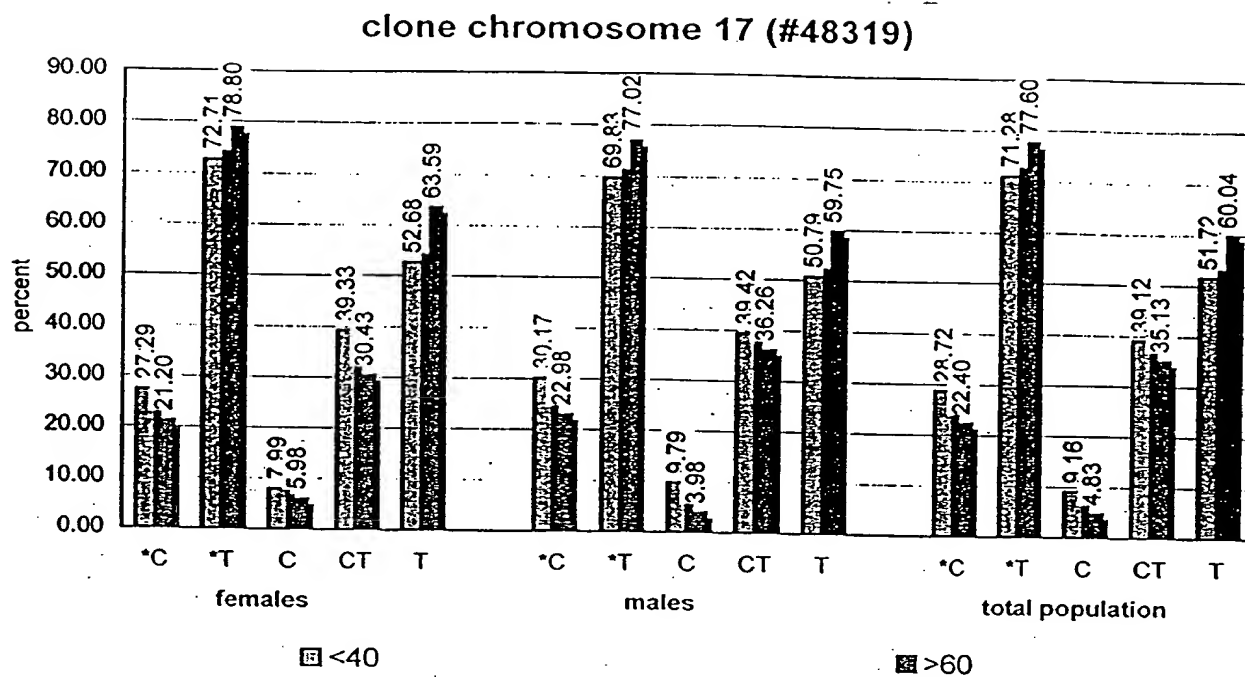


Figure 19

002707-28428950

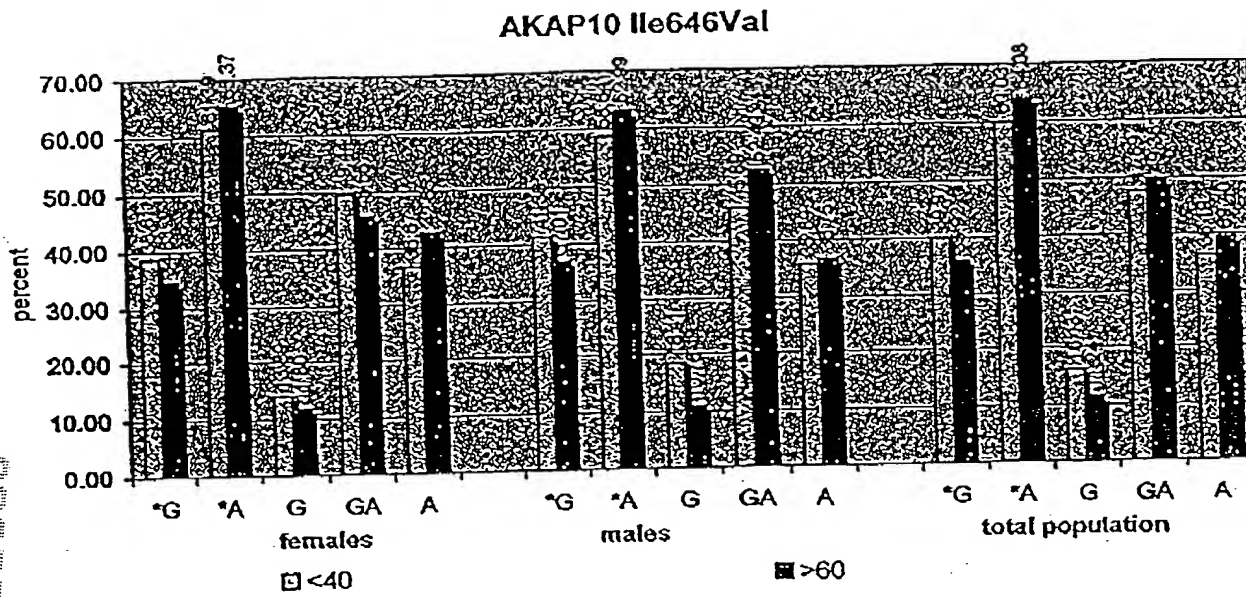
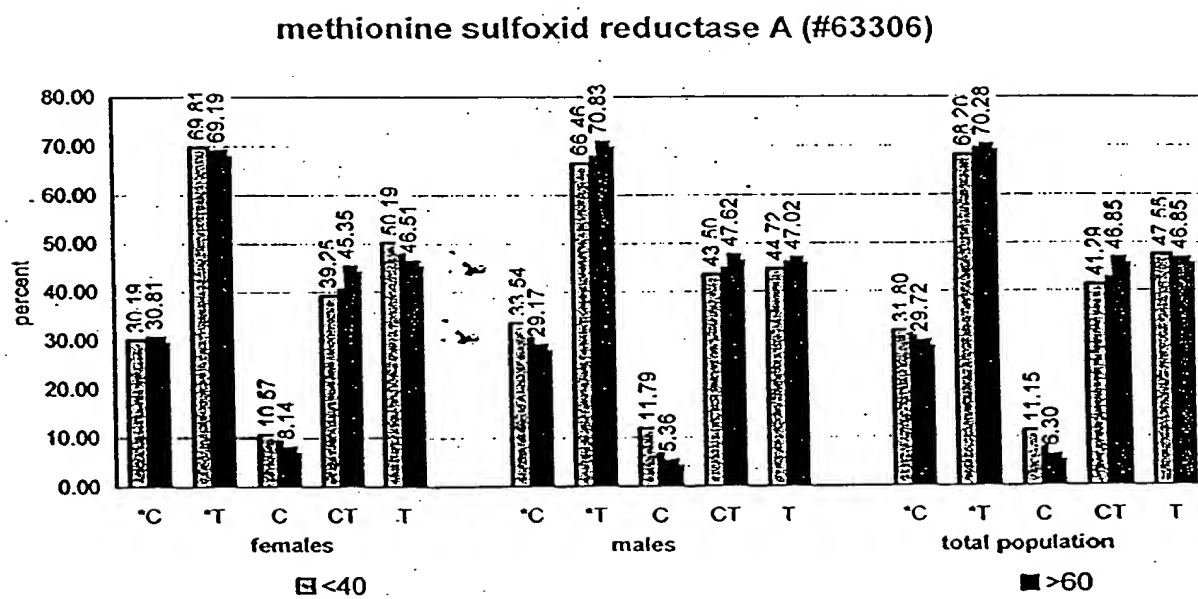


Figure 20

Figure 21



Collection Information

Consent Form Signed
☐ Yes ☐ No

Date of Collection
 Month: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
 Day: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
 Year: 2 0 0

Time of Sample Collection (nearest hour, in 24 hour clock format)
 Hour: 1 2 3 4 5 6 7 8 9 10 11 12
 Minute: 0 1 2 3 4 5 6 7 8 9

Initials
 Initials of Data Collector

(DO NOT COMPLETE; for data entry only)
 Sample: ☐ Intact ☐ Broken
 Volume (ml): 0 1 2 3 4 5 6 7 8 9

Bar Code

Donor Information

Date of Birth
 Month: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
 Year: 1 9

Sex:
☐ Male ☐ Female

Height
 Ft. Inches: 5 6 7 8 9

Weight
 (lb): 100 110 120 130 140 150 160 170 180 190 200 210 220 230 240 250 260 270 280 290 300 310 320 330 340 350 360 370 380 390 400 410 420 430 440 450 460 470 480 490 500 510 520 530 540 550 560 570 580 590 600 610 620 630 640 650 660 670 680 690 700 710 720 730 740 750 760 770 780 790 800 810 820 830 840 850 860 870 880 890 900 910 920 930 940 950 960 970 980 990

What physical activity do you do on a regular basis?
☐ Running ☐ Swimming ☐ Biking ☐ Gymnastics ☐ Other ☐ None

Are you a vegetarian?
☐ Yes ☐ No

If Female:
 How many times have you been pregnant? 0 1 2 3 4 5 6 7 8 9
 How many times did you give birth? 0 1 2 3 4 5 6 7 8 9

To the best of your knowledge, what is the Ethnic Origin of your:

Father **Mother**

☐ Caucasian (please mark specific geographic area below if known)
☐ Northern Europe (Austria, Denmark, Finland, France, Germany, Netherlands, Norway, Sweden, Switzerland, UK)
☐ Southern Europe (Greece, Italy, Spain, Turkey)
☐ Eastern Europe (Czechoslovakia, Hungary, Poland, Russia, Yugoslavia)
☐ Middle Eastern (Israel, Egypt, Iran, Iraq, Jordan, Syria, Other Arab States)

☐ African-American

☐ Hispanic (please mark specific geographic area below if known)
☐ Mexico
☐ Central America, South America
☐ Cuba, Puerto Rico, other Caribbean

☐ Asian (please mark specific geographic area below if known)
☐ Japanese
☐ Chinese
☐ Korean
☐ Vietnamese
☐ Filipino

☐ Native American

☐ Other _____

☐ Don't know

In which state do you live?
 A A B B C C D D E E F F G G H H I I J J K K L L M M N N O O P P Q Q R R S S T T U U V V W W X X Y Y Z Z

How long have you lived there?
 Years: 0 1 2 3 4 5 6 7 8 9

What is your highest grade you completed in school?
☐ less than 8th grade
☐ 8th, 9th, 10th, or 11th grade
☐ high school graduate or equivalency
☐ some college, 2 yr degree
☐ college graduate, 4 yr degree
☐ post graduate education or degree

Mother Deceased? Cause of Death Mother:
☐ Yes ☐ No
 If Yes at what age? ☐ ≤ 29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70-79 ☐ 80-89 ☐ ≥ 90
☐ Heart Disease ☐ Cancer ☐ Stroke ☐ Accident ☐ Suicide ☐ Other, _____

Father Deceased? Cause of Death Father:
☐ Yes ☐ No
 If Yes at what age? ☐ ≤ 29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70-79 ☐ 80-89 ☐ ≥ 90
☐ Heart Disease ☐ Cancer ☐ Stroke ☐ Accident ☐ Suicide ☐ Other, _____

FIGURE 22A

ave you ever smoked? ☐ Yes ☐ No

yes, for how long?

Years
01:02
13:14
25:26
37:38
49:50
61:62
73:74
85:86
97:98

you been hospitalized
past 5 years for more
than 6 days at a time?
☐ Yes ☐ No

If yes, how many times?
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

For each hospitalization
(if not the same)
how long did you stay
and for what reason?

- 1) Weeks: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
- ☐ Acute disorder, including infection and thrombosis
☐ Chronic Disorder
☐ Accident
☐ Other: _____
- 2) Weeks: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
- ☐ Acute disorder, including infection and thrombosis
☐ Chronic Disorder
☐ Accident
☐ Other: _____
- 3) Weeks: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
- ☐ Acute disorder, including infection and thrombosis
☐ Chronic Disorder
☐ Accident
☐ Other: _____

ave you r has anyone in your immediate family (parents, brothers, sisters, or your children) had the following?
mark all that apply!

Disease	You	Mother	Father	Sister	Brother	Child
Heart Disease, including arteriosclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal blood clots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes, insulin dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes, not insulin dependent (diet controlled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung & Bronchus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon & Rectum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lymphoma & Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar disorder (manic depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Inflammatory or Autoimmune Disease including Multiple Sclerosis and Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you take prescription drugs on a regular basis?

If yes, please specify below:

☐ Yes ☐ No

ave you ever donated blood before? ☐ Yes ☐ No

If yes, how many times: Number of Times

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20

Additional health information details you would like to provide:

FOR
OFFICE
USE ONLY

1	5
2	7
3	8
4	9
5	10

Do you drink any kind of alcoholic beverage?

Never ☐ Hardly ever ☐
Less than 3 times per week ☐ 3 or more times per week ☐
Daily ☐

FIGURE 22B

FIGURE 22C

☐ Did not complete in school?
☐ Less than 8th grade
☐ 8th, 9th, 10th, or 11th grade
☐ High school graduate or
 equivalency
☐ Some college, 2 yr degree
☐ College graduate, 4 yr degree
☐ Post graduate education or
 degree

☐ Yes ☐ No
 If Yes at
 what age?
☐ ≤ 29
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60-69
☐ 70-79
☐ 80-89
☐ ≥ 90

☐ Heart Disease
☐ Cancer
☐ Stroke
☐ Accident
☐ Suicide
☐ Other

☐ Yes ☐ No
 If Yes at
 what age?
☐ ≤ 29
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60-69
☐ 70-79
☐ 80-89
☐ ≥ 90

☐ Heart Disease
☐ Cancer
☐ Stroke
☐ Accident
☐ Suicide
☐ Other

Health Information

Have you or has anyone in your immediate family (parents, brothers, sisters, or your children) had the following?
 Mark all that apply!

Disease	You	Mother	Father	Sister	Brother	Child
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal blood clots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes, insulin dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes, not insulin-dependent (diet controlled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer:						
Lung & Bronchus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon & Rectum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lymphoma & Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar disorder (manic depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Inflammatory or Autoimmune Disease including Multiple Sclerosis and Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you take prescription drugs on a regular basis?

☐ Yes ☐ No

If yes, please specify below:

Have you ever donated blood before? ☐ Yes ☐ No

If yes, how many times: Number of Times

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

Have you been hospitalized
 in the past 5 years for more
 than 6 days at a time?
☐ Yes ☐ No

If yes, how many times?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

For each hospitalization
 (if not the same)
 How long did you stay
 and for what reason?

1) Weeks: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ Acute disorder, including infection and thrombosis
☐ Chronic Disorder
☐ Accident
☐ Other: _____
 2) Weeks: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ Acute disorder, including infection and thrombosis
☐ Chronic Disorder
☐ Accident
☐ Other: _____
 3) Weeks: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ Acute disorder, including infection and thrombosis
☐ Chronic Disorder
☐ Accident
☐ Other: _____

Do you drink any kind of alcoholic beverage?

☐ Never ☐ Hardly ever
☐ Less than 3 times per week ☐ 3 or more times per week
☐ Daily

Additional health information details you would like to provide:

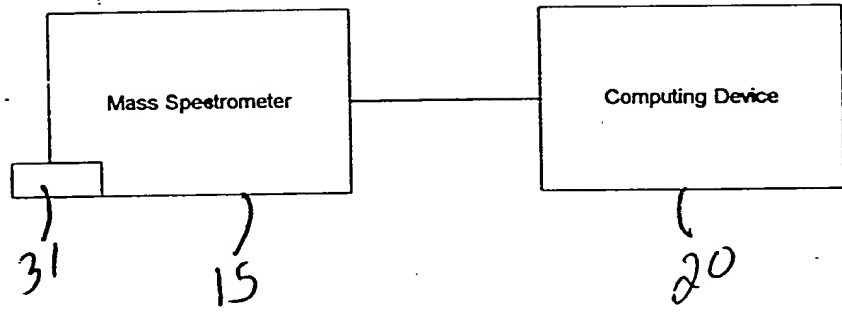
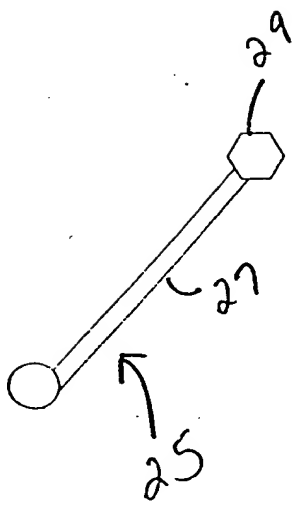
FOR OFFICE
 USE ONLY

01	02
03	04
05	06
07	08
09	10
11	12
13	14
15	16
17	18
19	20

FIGURE 22D

FIGURE 23

00687483-101300



10
↓

FIGURE 24

35

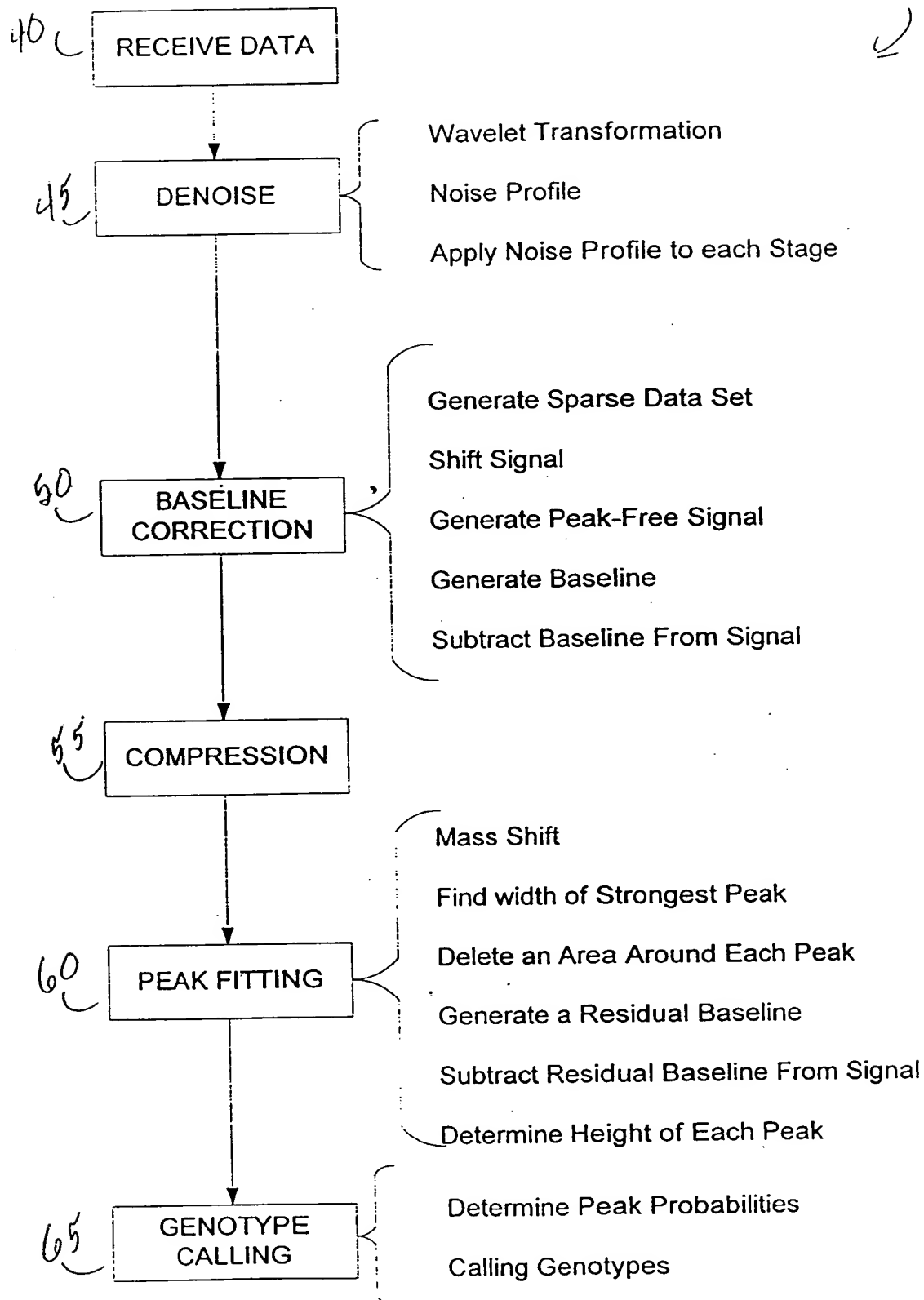


FIGURE 25

Mass spectrum of the polymer sample. The x-axis represents Mass (ranging from 1500 to 10733) and the y-axis represents Intensity (ranging from 0 to 5545). The spectrum shows a broad distribution of peaks, with a significant peak around 5500 and another around 6500.

```

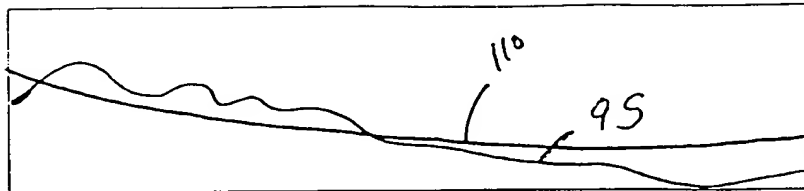
graph LR
    70[Mass Spec. Data] --> 82[Stage 0 Hi]
    70 --> 83[Stage 0 Lo]
    82 --> 84[Stage 1 Hi]
    83 --> 85[Stage 1 Lo]
    84 --> 86[Stage 2 Hi]
    85 --> 87[Stage 2 Lo]
    86 -.- Ellipsis[...]
    87 -.- Ellipsis[...]
    Ellipsis --> 88[Stage n Hi]
    Ellipsis --> 89[Stage n Lo]
  
```

FIGURE 27

FIGURE 29

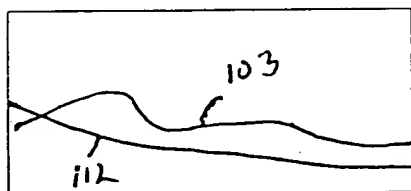


Stage 0 - Hi



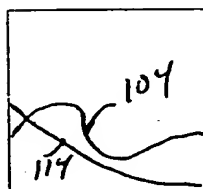
Threshold 0=4XNoiseProfile

Stage 1 - Hi



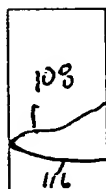
Threshold 1=2XNoiseProfile

Stage 2 - Hi



Threshold 2=1XNoiseProfile

Stage n - Hi



Threshold $n=(1/2^{n-2})XNoiseProfile$

Stage n - Lo

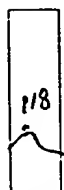


FIGURE 31

120
↓

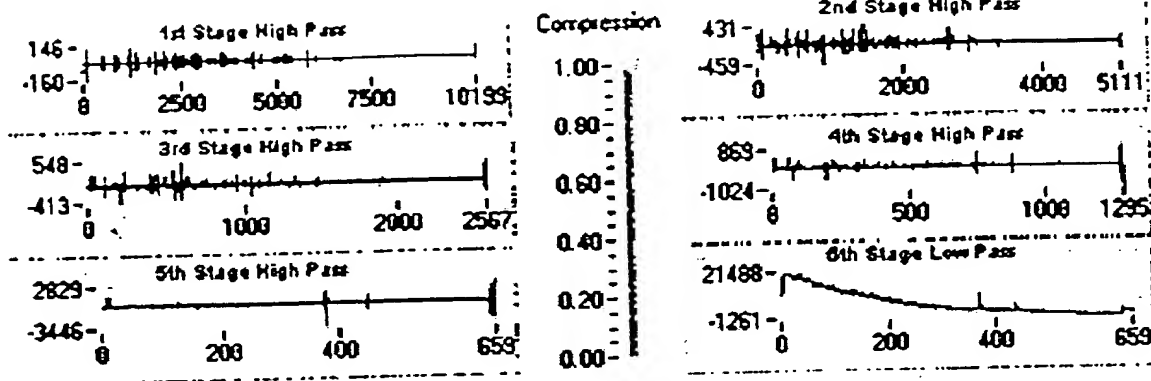


FIGURE 32

$$\text{Signal}(t) = \frac{\text{Start } 0(t) + \text{Start } 1(t) + \text{Start } 2(t) \dots + \text{Start } 23(t)}{24}$$

FIGURE 33

SHIFT SIGNAL TO ACCOUNT FOR
VARIATIONS DUE TO STARTING POINT

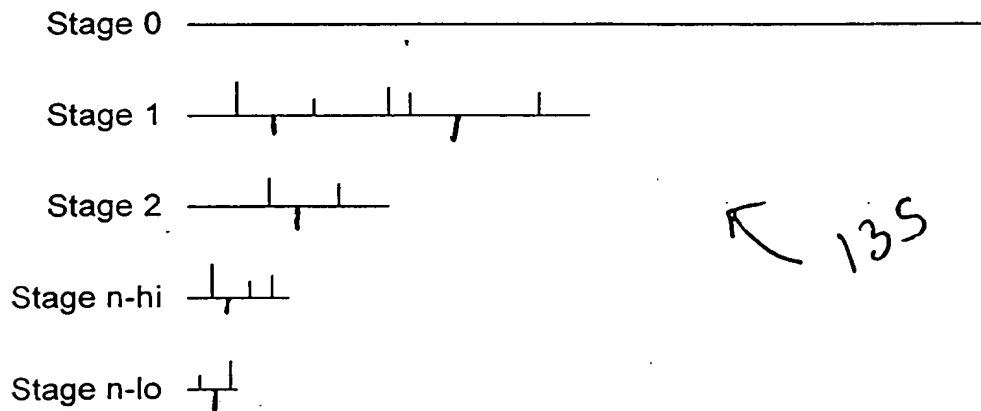


FIGURE 34

00637493-101300

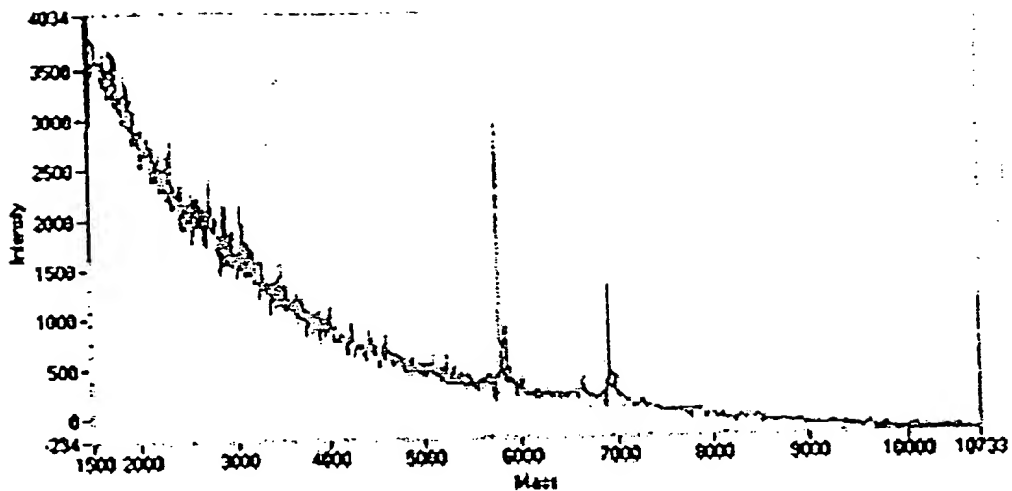


FIGURE 35

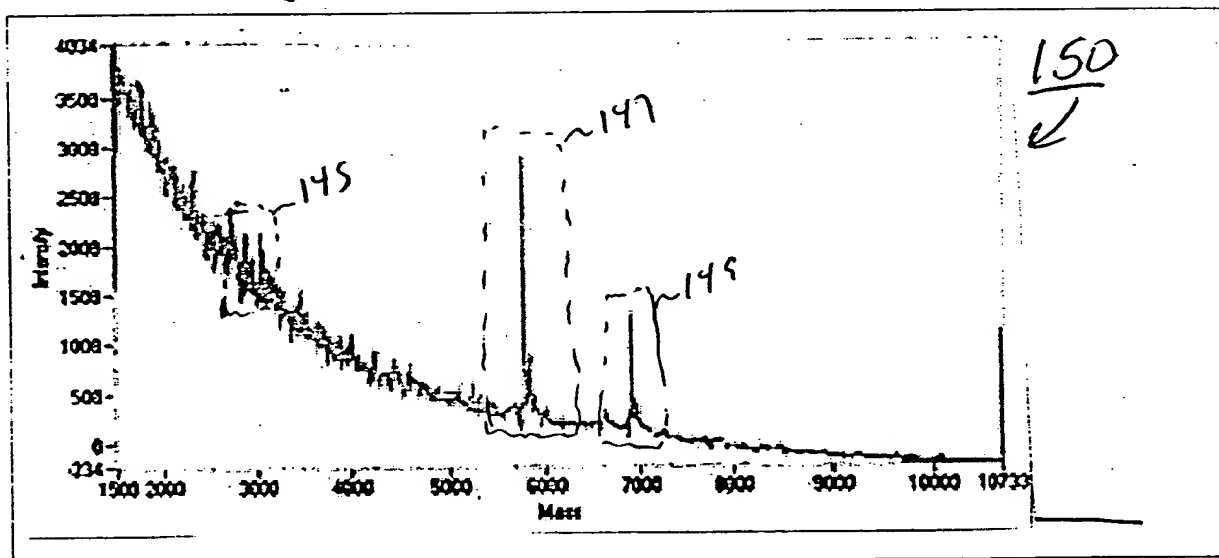


FIG. 13 - TAKE A MOVING AVERAGE, REMOVE SECTIONS EXCEEDING A THRESHOLD

FIGURE 36

00607483-101300

00687483-101300

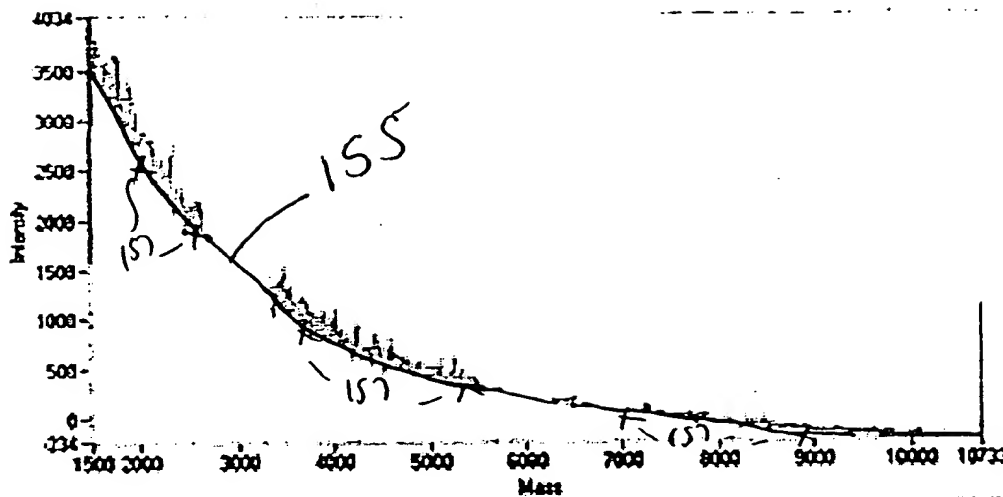
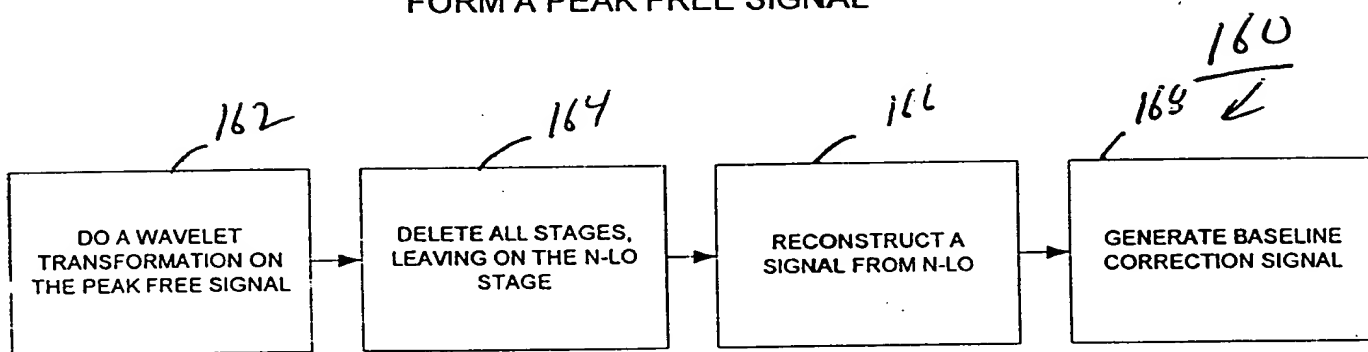


FIGURE 37

FIND MINIMA IN REMAINING SIGNALS AND CONNECT TO FORM A PEAK FREE SIGNAL



GENERATE BASELINE CORRECTION

FIGURE 38

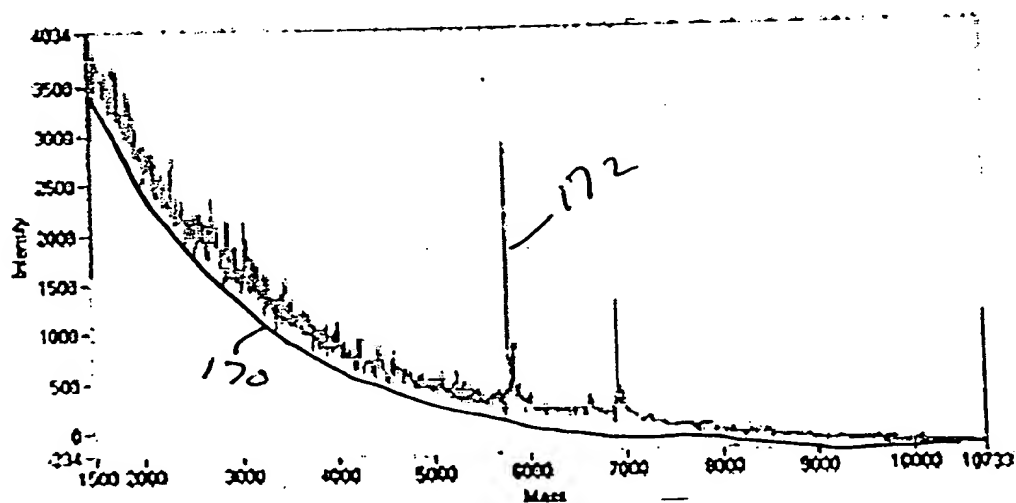


FIGURE 39

103

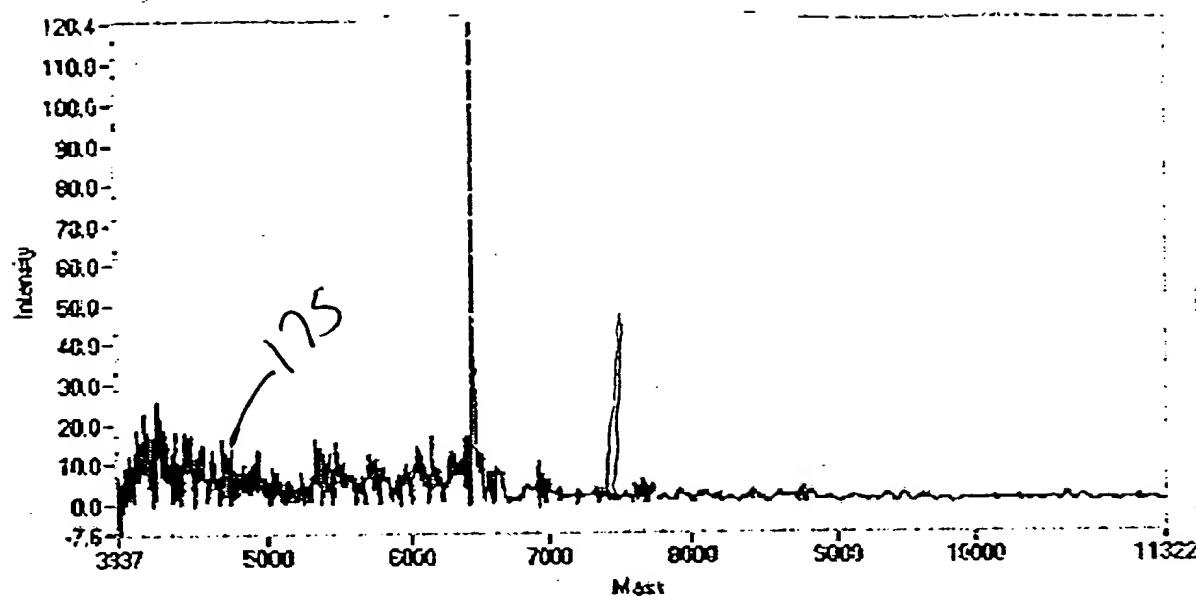


FIGURE 40

NON-0 COEFFICIENTS	VALUE	INTERMEDIATE	RELATIVE
100	25	100.025	100.025
150	220	150.220	50.220
500	.1	500.0001	350.0001
10,050	800	10,050.8	9550.8
10,075	890	10,075.89	25.89
11,125	910	11,125.91	150.91
12,100	1000 (MAX)	12,100.99999	975.99999
13,250	940	13,250.94	1150.94

0966748-10100

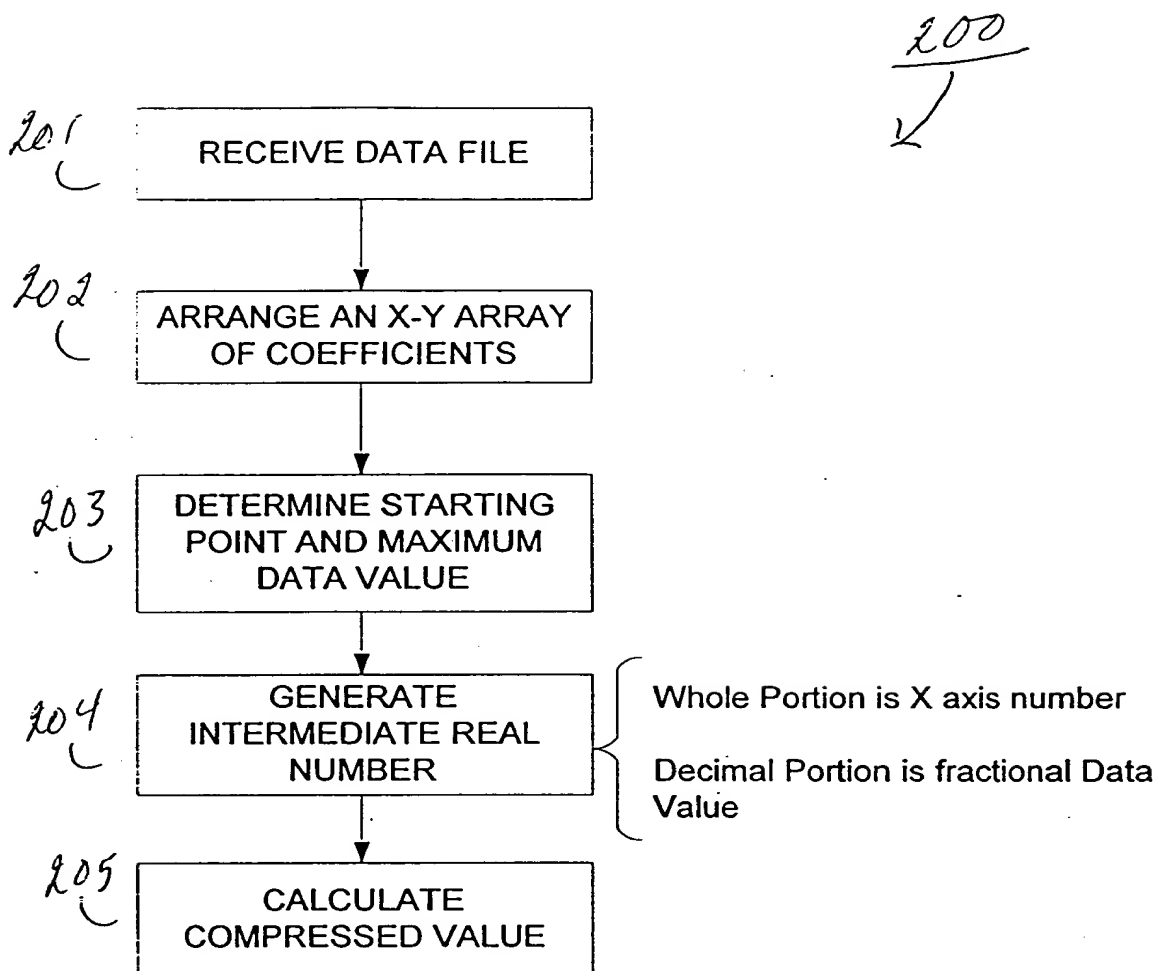


FIGURE 42

00687483-101300

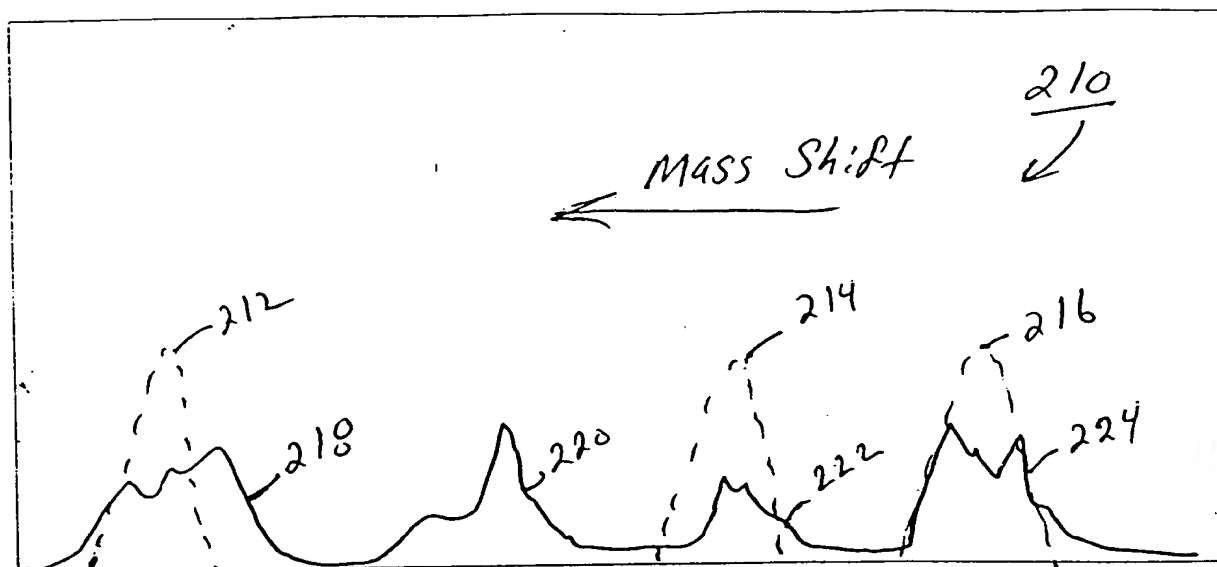


FIGURE 43

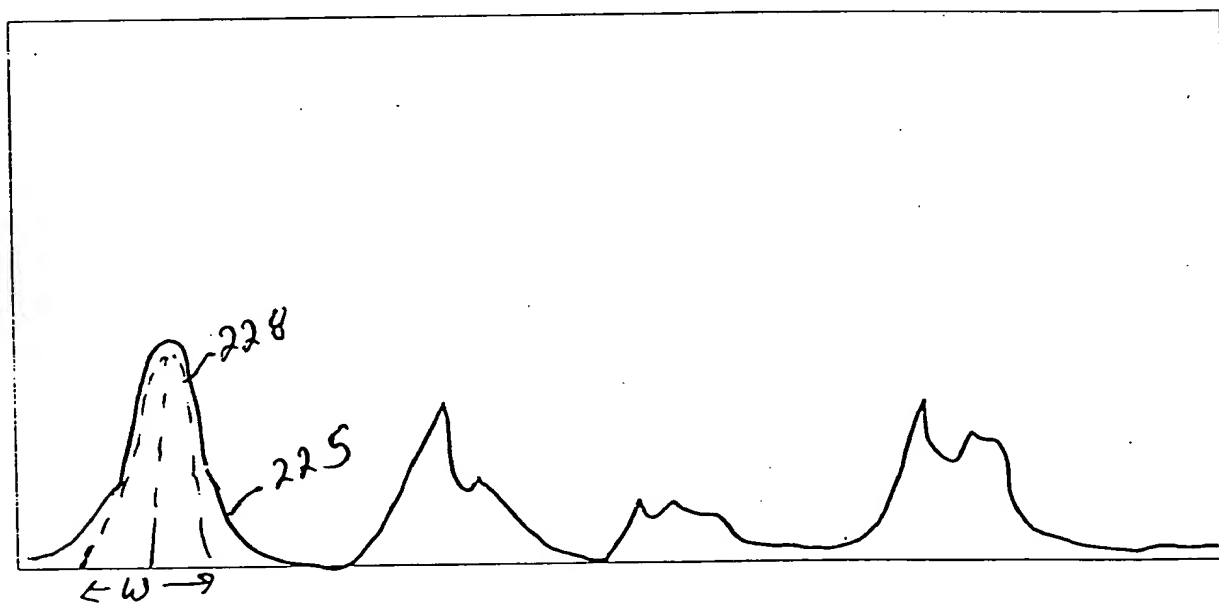



FIGURE 44

A hand-drawn graph showing two sets of peaks. The left set has peaks labeled 230, 218, and 220. The right set has peaks labeled 232, 222, 237, and 224. The x-axis is marked with values 240, 500, 241, 238, 240, 500, 240, 500, 245. There are also some handwritten notes like '240' and '243' near the x-axis.

A hand-drawn diagram of a horizontal line with several 'x' marks. Above the line, the number '247' is written with a bracket spanning the first three 'x' marks. Further to the right, the number '245' is written with an arrow pointing to the fourth 'x' mark.



A hand-drawn diagram consisting of a single horizontal line. An arrow points from the label '250' to the line.

FIGURE 47

00587483-101300

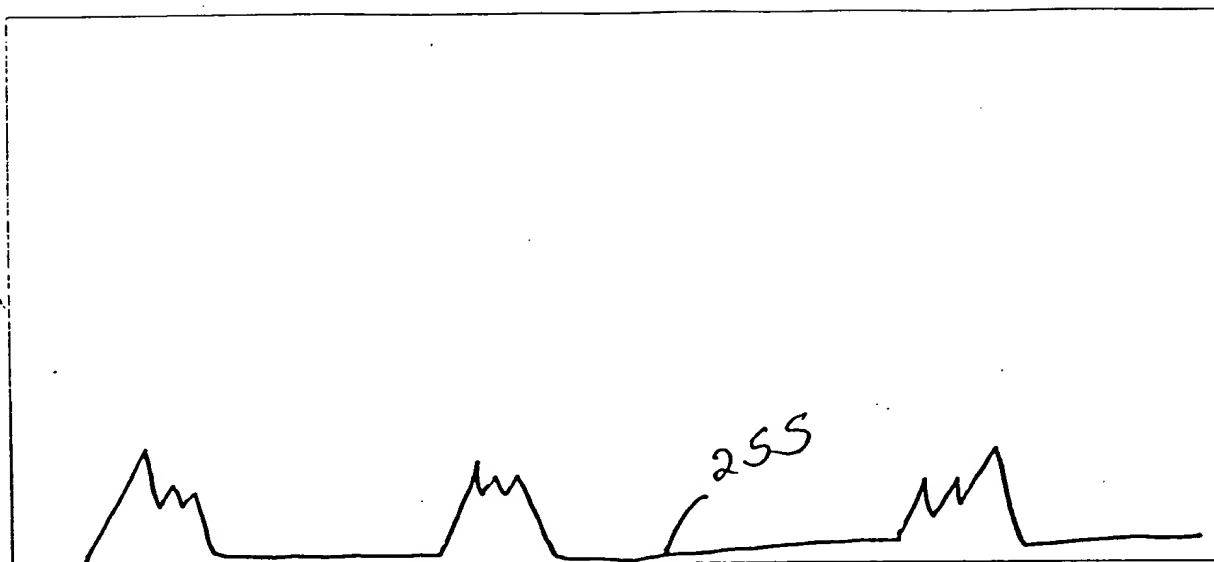


FIGURE 48

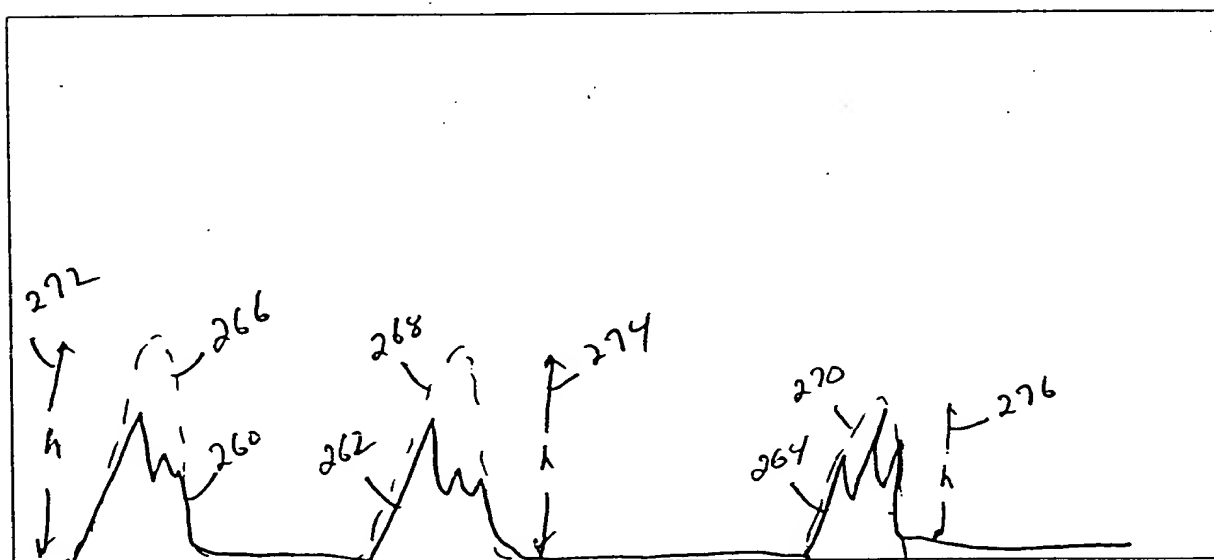


FIGURE 49

A hand-drawn graph showing two curves, 293(G) and 290(N), plotted against a horizontal axis. The curve 293(G) is solid and has a sharp peak. The curve 290(N) is dashed and has a broader peak. A vertical line is drawn through the peak of 293(G). Two horizontal arrows labeled $\epsilon\omega$ indicate the energy difference between the peaks of the two curves.

FIGURE 51

31

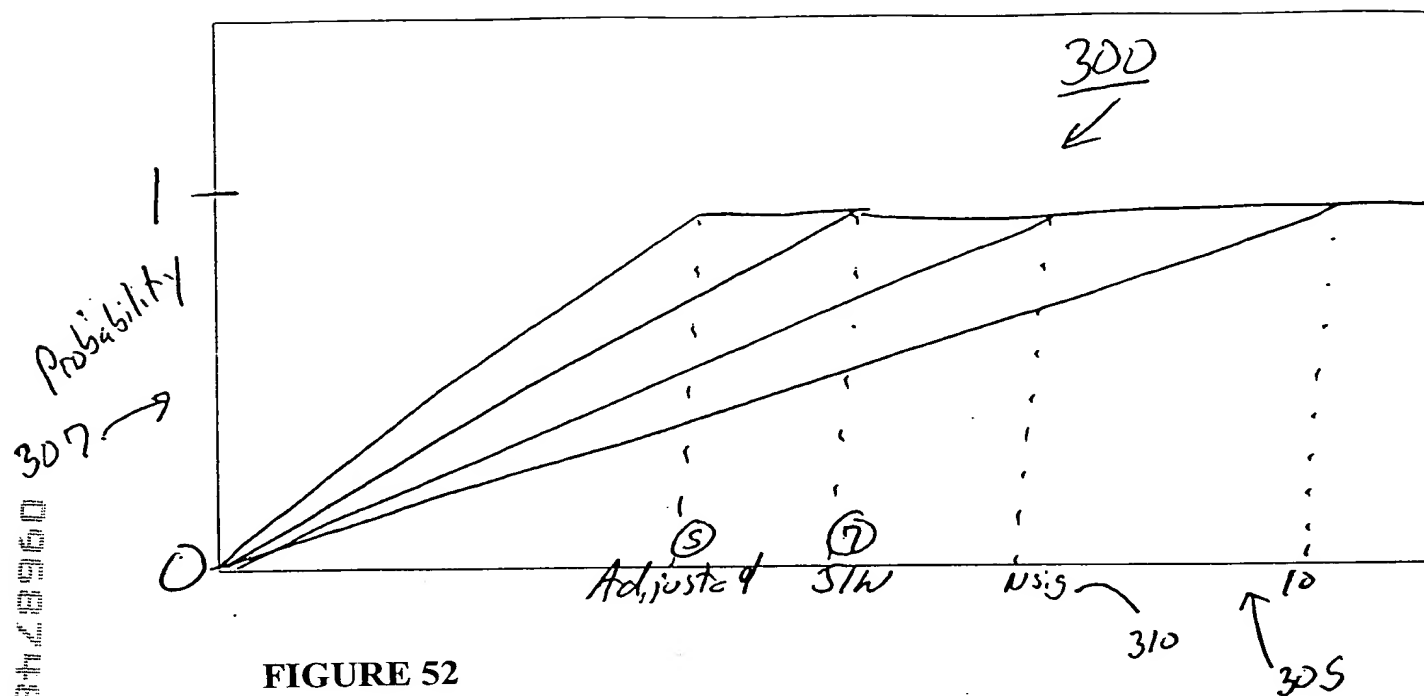


FIGURE 52

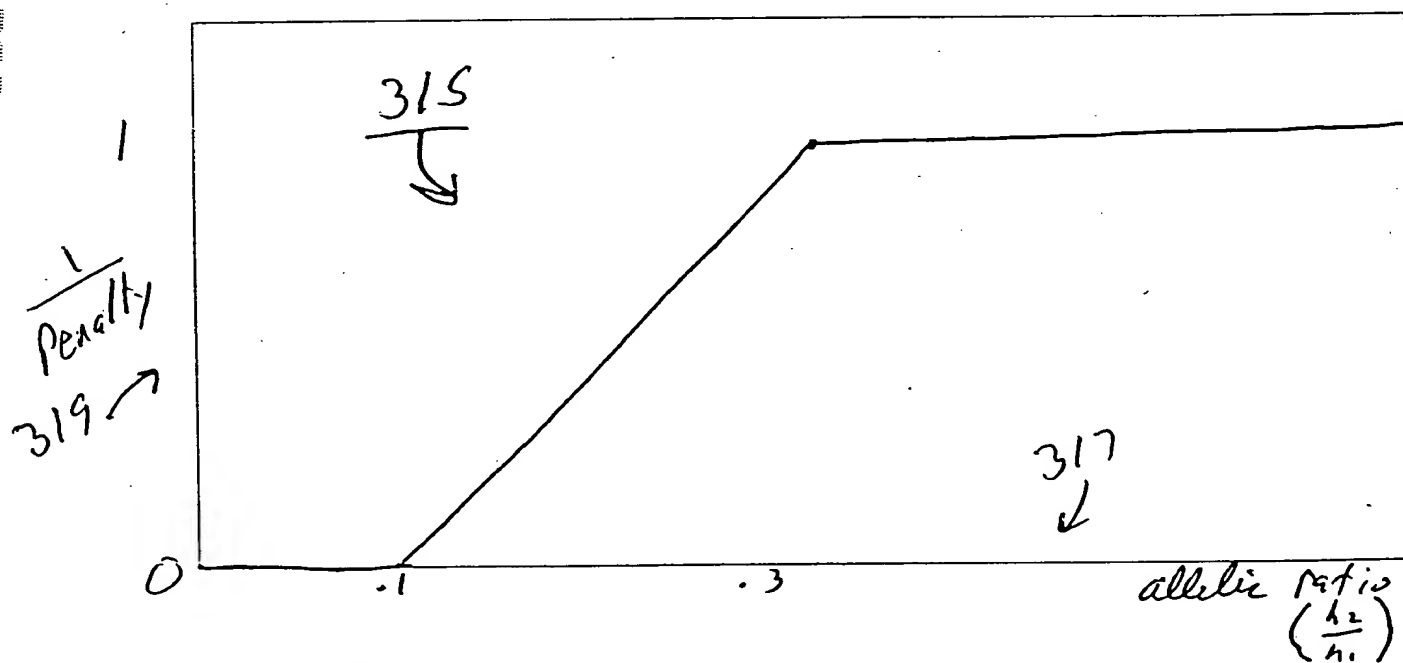


FIGURE 53

PROBABILITY OF GG EXISTING:

$$\begin{aligned} P(GG) &= P(G) * P(1-C) \\ &= 90\% * (100\% - 20\%) \\ &= 90\% * 80\% \\ &= 72\% \end{aligned}$$

331

PROBABILITY OF CC EXISTING:

$$\begin{aligned} P(CC) &= P(C) * P(1-G) \\ &= 20\% * (100\% - 90\%) \\ &= 20\% * 10\% \\ &= 2\% \end{aligned}$$

333

PROBABILITY OF GC EXISTING:

$$\begin{aligned} P(GC) &= P(G) * P(C) \\ &= 90\% * 20\% \\ &= 18\% \end{aligned}$$

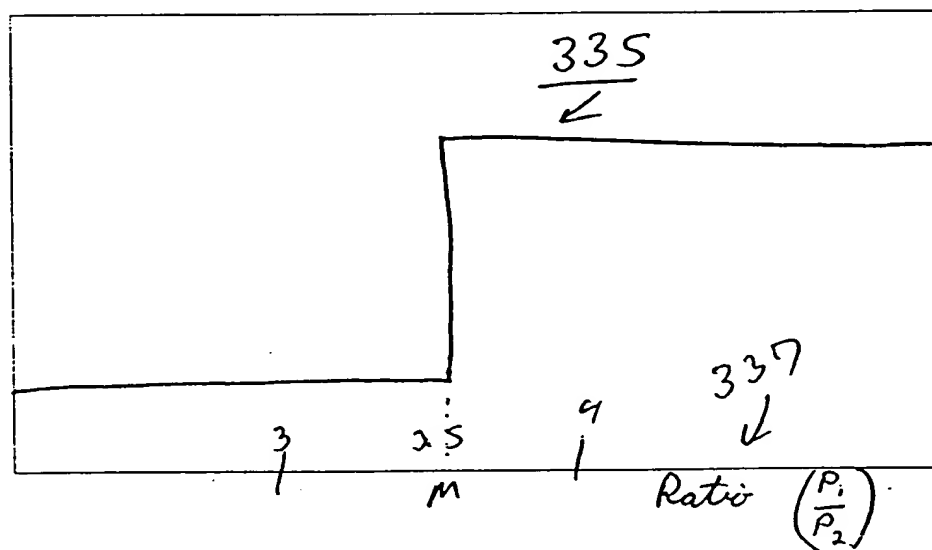


FIGURE 55

```

graph TD
    400[400] --> 402[FIND H OF EACH PEAK - 402]
    402 --> 404[EXTRAPOLATE NOISE PROFILE - 404]
    404 --> 406[FIND NOISE OF EACH PEAK - 406]
    406 --> 410[CALCULATE A SIGNAL TO NOISE RATIO - 410]
    410 --> 412[FIND A RESIDUAL ERROR - 412]
    412 --> 414[CALCULATE AN ADJUSTED SIGNAL TO NOISE RATIO - 414]
    414 --> 416[DEVELOP A PROBABILITY PROFILE - 416]
    416 --> 418[DETERMINE PEAK PROBABILITIES - 418]
    418 --> 420[DETERMINE AN ALLELIC PENALTY - 420]
    420 --> 422[ADJUST PEAK PROBABILITY BY ALLELIC PENALTY - 422]
    422 --> 424[CALCULATE GENOTYPE PROBABILITIES - 424]
    424 --> 426[TEST RATIO OF GENOTYPE PROBABILITIES - 426]
    426 --> 428[CALL GENOTYPE - 428]
  
```

FIGURE 56

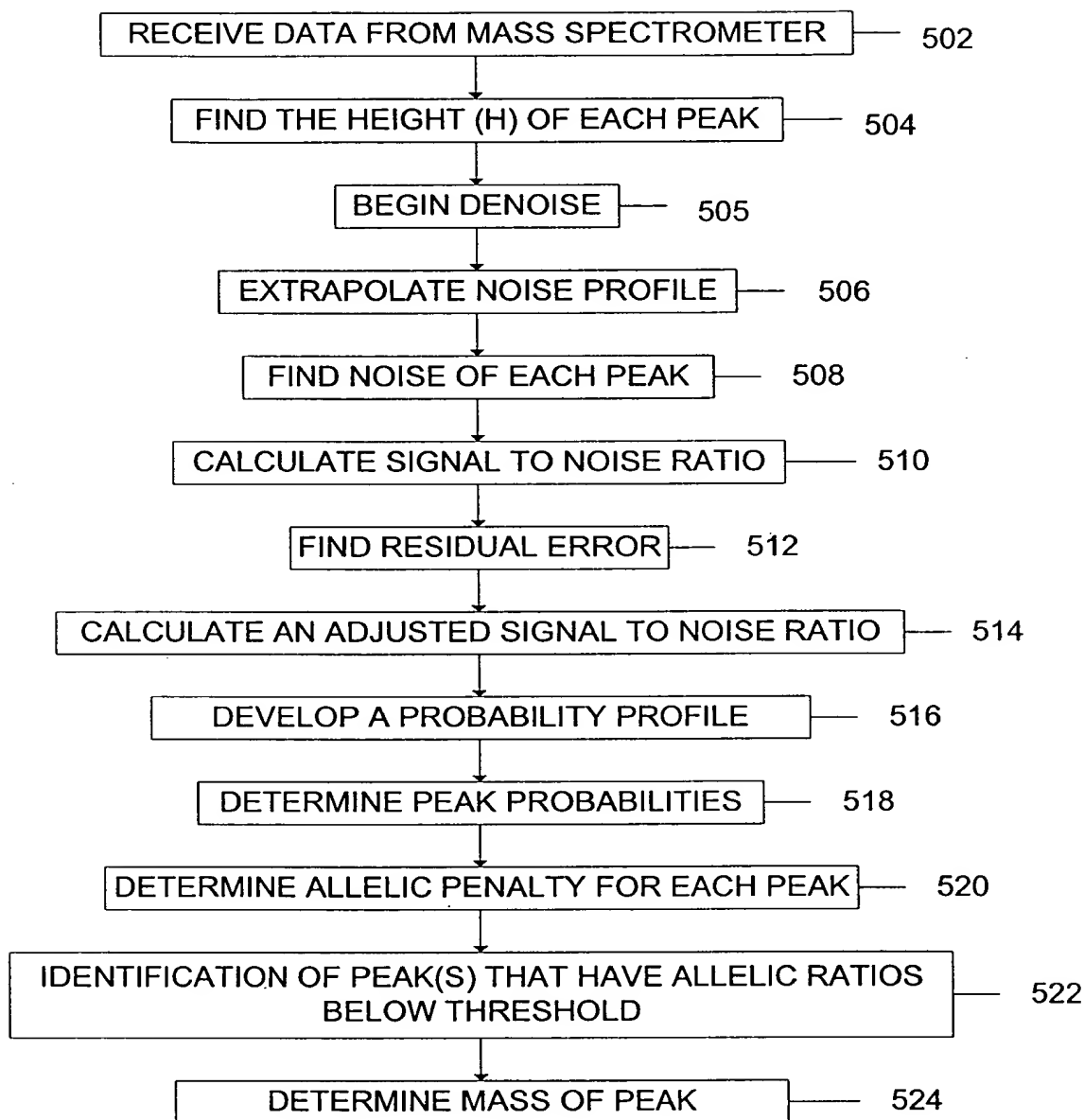


FIGURE 57

A graph showing the relationship between the Ratio of Area Under Peak (X-axis) and Allelic Penalty (Y-axis). The Y-axis has labels 0 and 1. The X-axis has labels .1 and .3. The function is 0 for ratios up to .3 and 1 for ratios greater than .3.

Ratio of Area Under Peak	Allelic Penalty
0 to 0.3	0
0.3 to 1.0	1

FIGURE 58